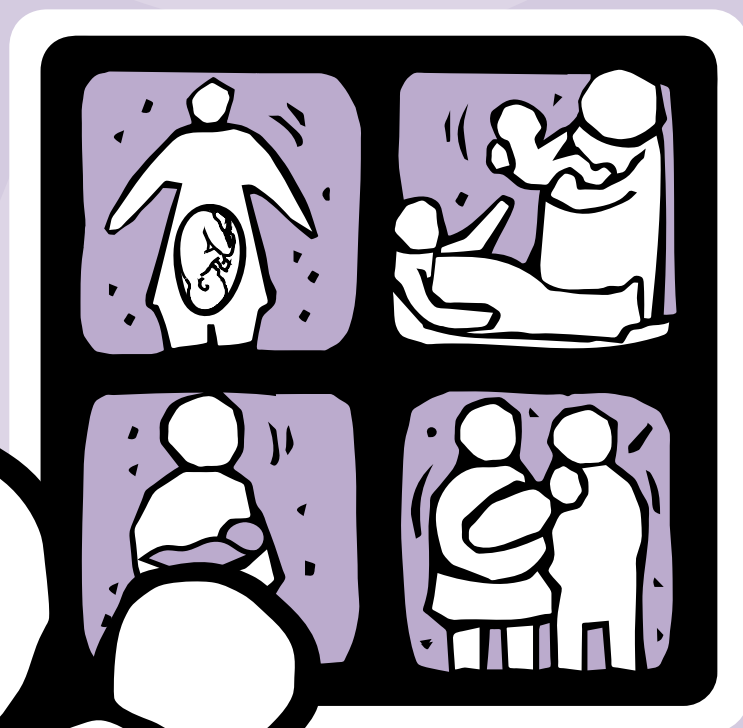
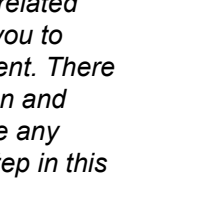
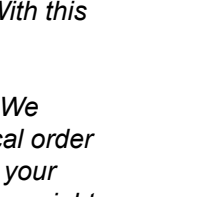
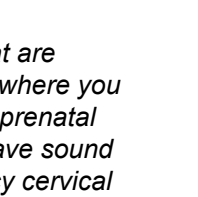
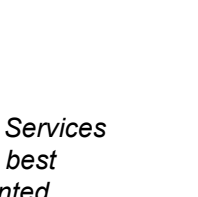
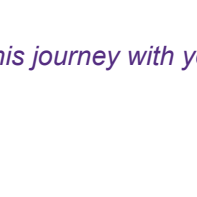
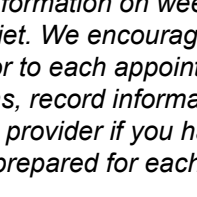
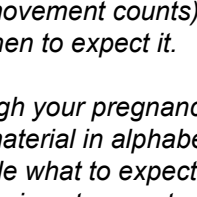
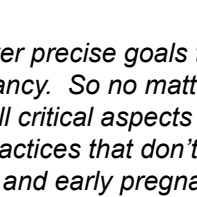
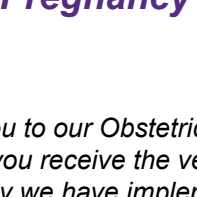
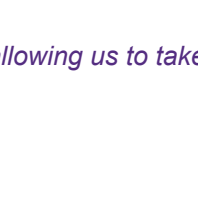
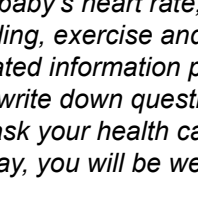
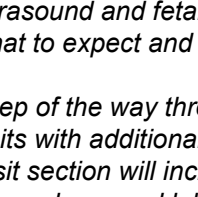
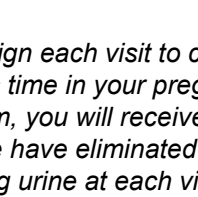
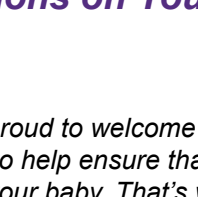
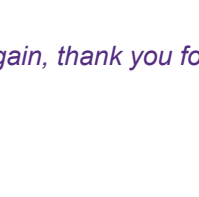
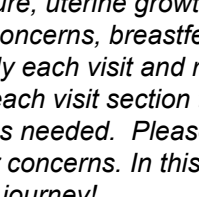
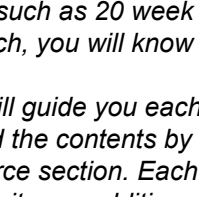
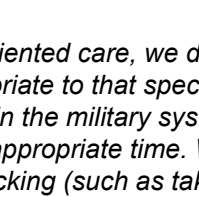
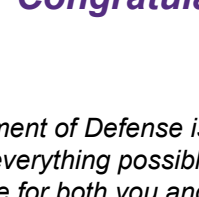
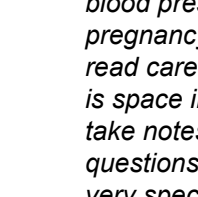
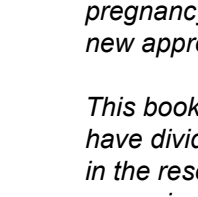
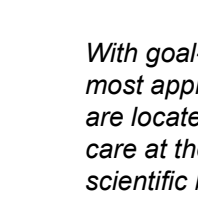
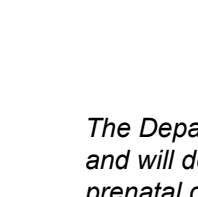


Pregnancy and Childbirth



A Goal Oriented Guide
to Prenatal Care





Congratulations on Your Pregnancy

*The Department of Defense is proud to welcome you to our Obstetrical Services and will do everything possible to help ensure that you receive the very best prenatal care for both you and your baby. That's why we have implemented **Goal Oriented Prenatal Care.***

With goal-oriented care, we design each visit to cover precise goals that are most appropriate to that specific time in your pregnancy. So no matter where you are located in the military system, you will receive all critical aspects of prenatal care at the appropriate time. We have eliminated practices that don't have sound scientific backing (such as taking urine at each visit and early pregnancy cervical checks) and added practices that have been shown to help ensure a healthy pregnancy (such as 20 week ultrasound and fetal movement counts). With this new approach, you will know what to expect and when to expect it.

This book will guide you each step of the way through your pregnancy. We have divided the contents by visits with additional material in alphabetical order in the resource section. Each visit section will include what to expect at your upcoming visit, any additional procedures and labs, signs to report, your weight, blood pressure, uterine growth, baby's heart rate, information on week related pregnancy concerns, breastfeeding, exercise and diet. We encourage you to read carefully each visit and related information prior to each appointment. There is space in each visit section to write down questions, record information and take notes as needed. Please ask your health care provider if you have any questions or concerns. In this way, you will be well prepared for each step in this very special journey!

Again, thank you for allowing us to take this journey with you!

Appointment List				
Date	Time	Provider	Appointment Type	Location
			Initial Labs	Laboratory
			6–8 week visit	
			10–12 week visit	
			Genetic counseling (if indicated)	
			Cystic Fibrosis Carrier test (if not done prior & desired)	Laboratory
			16–20 week visit	
			Ultrasound (loose fitting clothes)	Radiology
			Triple Screen testing (if desired)	
			24 week visit	
			Class sign-up	
			28 week visit	
			Class sign-up	
			28 week labs	
			32 week visit	
			Class sign-up	
			36 week visit	
			Labor & Delivery tour	
			Admission papers to admission office	
			38 week visit	
			39 week visit	
			40 week visit	
			41 week visit	
		Post date testing	NST (twice-weekly)	
			Amniotic fluid check	
			42 week induction	Labor and Delivery

Prenatal Information Sheet: 6–8 Weeks Visit

Goal: Exchange information and identify existing risk factors that may impact the pregnancy.

Today's visit

- If possible, prior to this visit, fill out self-administered questionnaire about your history that is relevant to this pregnancy.
- Screen for your potential risk factors such as:
 - **Social risks:** alcohol/drug/tobacco/domestic abuse
 - **Medical risks:** immunization status, exposure to sexually transmitted diseases, current health status and family history of specific diseases
 - **Nutritional risks:** weight and dietary intake
 - **Obstetrical risks:** problems in previous pregnancies and risks for pre-term labor
- Receive and discuss information on exercise, benefits of breast-feeding and other health related behaviors.
- Receive education and counseling on pregnancy laboratory tests to include Cystic Fibrosis Carrier and Rh negative (D-) factor, anemia and others.
- Receive needed immunizations and ways to decrease chance of getting various diseases.
- Have recommended blood work and urine screen completed.
- Discuss your anticipated due date which may change when more information is known and further testing is done.



Today's visit

Your baby's growth

- Your baby (embryo) is an inch long and weighs 1/30 of an ounce.
- Your baby's face and body are fairly well formed.
- Your baby's bones have appeared, internal organs are beginning to work and the baby's heart has been beating since the third week.
- The placenta is attached to the uterine (womb) wall on the mother's side and the umbilical cord going to the baby on the other. The placenta acts as an "almost" perfect filtering system between mother's blood and baby's blood. The placenta has a fetal (baby) circulation side and the maternal circulation side. A membrane barrier separates these sides. It is the placenta and umbilical cord that provides a way for the nutrients (food and oxygen) to get to your baby and for waste products to be removed. Unfortunately, it also allows some harmful substances, such as alcohol, if in the mother's blood, to get to the baby as well.



Your baby's growth

Your body's changes

- Your uterus has grown from the size of a walnut to the size of a tennis ball.
- You are probably beginning to notice changes in your body as a result of your pregnancy.
- Your breasts may become larger and tender.
- The area around your nipples may darken.
- You may have to go to the bathroom more frequently to urinate.
- You may have morning sickness that lasts beyond morning.
- Your bowel habits may change with increased constipation.



Your body's changes



**Your family's
changes**

Your family's changes

- The hormone changes that affect your body may also effect your emotions, causing mood swings.
- Your partner may have concerns about your health, the baby and your financial state.
- Coping with the discomforts of pregnancy may change the household and work routines.
- You both need time to adjust and accept your upcoming role as new or repeat parents.
- It is important to share these feelings with someone you trust.



**Signs to report
immediately**

Signs to report immediately

- Bright red vaginal bleeding, gush of fluid from the vagina and/or four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Persistent severe headaches, severe nausea and vomiting
- Fever over 100 degrees Fahrenheit
- Visual changes such as bright white spots or loss of sight
- Inability to keep liquids down that results in a reduced amount of urine
- When in doubt, call the clinic or your healthcare provider!

Notes:**Discussion:****Key points:**

Normal is same as pre-pregnant BP or slightly less than pre-pregnant BP.

My BP:

Your blood pressure

- We will measure blood pressure (BP) at every prenatal visit. Rapidly increasing or abnormally high blood pressure can be a sign of pre-eclampsia (toxemia).
- High blood pressure can cause serious complications such as decrease in the blood and oxygen supply to the baby and mother.

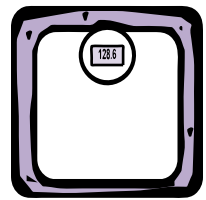


Your blood pressure

My weight:

Your weight

- You are likely to gain 2 to 4 pounds in the first three months.
- Total weight gain should be about 25 pounds unless you are over or underweight. Your weight gain is not all fat. It is mostly water in your body and the weight of the growing baby.
- Normal pregnancy weight gain: (If pre-pregnant BMI is normal)
 - breast 1.0 - 1.5 lbs.
 - blood 3.0 - 4.5 lbs.
 - extra water 4.0 - 6.0 lbs.
 - uterus 2.5 - 3.0 lbs.
 - placenta/amniotic fluid 3.5 lbs.
 - baby 7.0 - 8.0 lbs.
 - fat stores 4.0 - 6.5 lbs.
 - TOTAL 25 - 35 lbs.**
- Gaining the right amount of weight by eating the right type of food is an extremely important part of a healthy pregnancy.



Your weight

Your exercise

- Regular exercise helps you to keep fit during your pregnancy and to feel better during a time when your body is changing.
- Before beginning a new type of exercise, check with your health care provider.



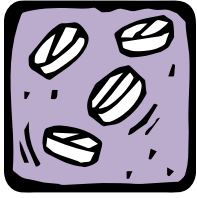
Your exercise

Consider breast-feeding

- Now is the time to think about how you want to feed your baby.
- The American Academy of Pediatrics, the American College of Nurse-Midwives, the American College of OB/GYN and the American Dietetic Association all strongly recommend breast-feeding for at least your baby's first 12 months of life.



Consider breast-feeding



Take only
medications
approved by
your provider

Take only medications* approved by your health care provider

- Safe over-the-counter drugs for common discomforts:
 - Headaches: Tylenol®, Datril®
 - Cold: Tylenol®, Sudafed®, Saline nose spray, Robitussin® (no alcohol)
 - Constipation: Metamucil®, Fiber-All®, Milk of Magnesia®
 - Diarrhea: Kaopectate®
 - Indigestion: Tums®, Roloids®, Maalox®, Mylanta II® and Riopan®
 - Hemorrhoids: Preparation H®, Anusol®
 - Nausea/Vomiting: Vitamin B6 (up to 75mg/day), Emetrol®, Unisom®
 - Vaginal Itch/Yeast Infection: Monistat®, Gyne-Lotrimin®



Drugs to avoid

Drugs* to avoid

- Aspirin, Motrin®/Ibuprofen, Tetracycline, Accutane®
- Alcohol, tobacco and any illicit drugs are harmful to your baby.
- Caffeine may cause problems with your pregnancy.
- Quitting helps decrease risks.
- Ask about strategies to quit and approaches to lifestyle behavior changes.

Resource:
American
College of
Obstetrics and
Gynecology
(ACOG)
Pamphlet AP
104



Work and
household
activities

Work and household activities

- AVOID:
 - Cat litter
 - X-rays (*may be necessary after discussion with your OB health care provider*)
 - Use of dry cleaning solutions
 - Manicuring acrylic nails
 - Working around radiation or radioisotopes
 - Working with lead or mercury
 - Children's sandboxes
 - Gardening without gloves
- If in doubt about your potential exposures, ask your health care provider.

Contact with certain diseases

- Sexually Transmitted Diseases (STDs) are viruses or bacteria or parasites that pose risks or possible death to your baby. It is important that you be honest with your health care provider. These STDs include:
 - HIV(AIDS)
 - Gonorrhea
 - Syphilis
 - Chlamydia
 - Genital Herpes
 - Genital warts



**Contact with
certain diseases**

Immunization status

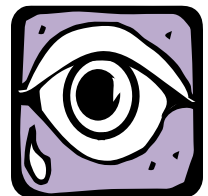
- Check immunization history and/or past exposure to include:
 - Varicella (Chicken Pox)
 - Rubella (German Measles)
 - Hepatitis B
 - Tetanus: (Lockjaw)
 - Influenza (Flu) (seasonal-related)
- Receive immunizations as needed.



**Immunization
status**

Domestic abuse screen

- Please seek help from your health care provider, counselor or close friend if you are experiencing physical, sexual or emotional abuse.
- Let your health care provider know if:
 - Within the last year, or since you have been pregnant, you have been hit, slapped, kicked, otherwise physically hurt or forced to have sexual activities.
- National Domestic Abuse Hotline: 1-800-799-7233.



**Domestic abuse
screen**

Summary of visit

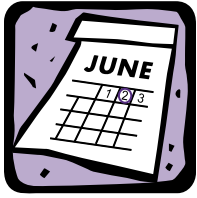
Due date: _____

Date of next visit: _____

Date for lab work/other medical tests: _____



**Summary of
visit**



Your next visit

Your next visit

- A complete medical history and physical exam
- A pelvic exam to include a pap smear and cultures for infections such as gonorrhea and chlamydia
- Discuss lab test results from first visit and have additional labs if needed.
- Discuss lifestyle changes if needed.
- Receive further education on Cystic Fibrosis carrier risk and discuss your options to be screened with a blood test if not done on first visit.
- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to the fetal heart rate (can't always hear this early in pregnancy) and discuss any concerns/questions you may have.
- Plan on at least a thirty minute visit with your provider.



Questions for next visit

Questions for next visit

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

Further information on the topics covered in this visit can be found at the end of the notebook.

N. B. - Listing of medications/drugs does not represent endorsement by VA/DoD

Prenatal Information Sheet: 10–12 Weeks Visit

Goal: Determine your current health status and work towards a healthy pregnancy.

Today's visit

- Review medical history.
- Receive complete head-to-toe physical and pelvic exam including a Pap test and cultures for Gonorrhea and Chlamydia.
- Obtain height and weight to determine amount of fat in your body called the Body Mass Index (BMI).
- Review and discuss initial lab results.
- Receive further testing, counseling and referral for possible inherited diseases (includes Cystic Fibrosis carrier screening today and Triple Screen Test at 15-20 weeks).



Today's visit

Your baby's growth

- Your baby (embryo) is about 2.5 to 3.0 inches long and weighs about 0.5 ounces.
- During this time, your baby's body and organ tissues grow rapidly.
- The head is about twice the size of the body.
- The eyes and ears are moving into normal positions.
- Intestines move from the umbilical cord into the stomach area.
- We may be able to hear your baby's heartbeat with a Doppler.



Your baby's growth

Your body's changes

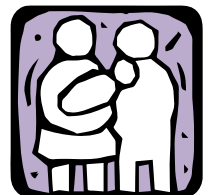
- Your uterus is now the size of a grapefruit.
- We may be able to feel the upper edge of your uterus (the fundus) a little bit above your pubic bone.
- Wear comfortable clothing that provides room to grow.
- Morning sickness often diminishes by the end of this month (but not always).



Your body's changes

Your family's changes

- You may be moody, irritable, tearful, disorganized, have trouble concentrating or have irrational thoughts. These feelings are normal.
- Unfortunately, this mental "fog" may not lift until after your baby begins sleeping through the night.
- Accept how you're feeling and remember that these feelings will be temporary.
- Your sexual desire may increase or decrease; both are normal.
- Discuss these feelings with others.



Your family's changes


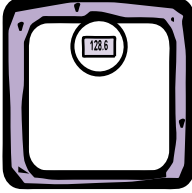


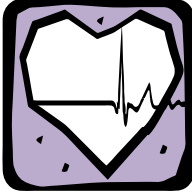


Signs to report immediately

Signs to report immediately

- Bright red vaginal bleeding, gush of fluid from the vagina, and/or four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Persistent severe headaches, severe nausea and vomiting
- Fever over 100 degrees Fahrenheit
- Visual changes such as bright white spots or loss of sight
- Inability to keep liquids down that results in a reduced amount of urine
- When in doubt, call the clinic or your health care provider!

Notes:**Discussion:****Key points:**

<p>My BP:</p> <hr/>	<p>Your blood pressure</p> <ul style="list-style-type: none">• Blood pressure is measured at every prenatal visit because high blood pressure can cause serious complications for baby and mother if left unchecked.	 <p>Your blood pressure</p>
<p>My weight:</p> <hr/>	<p>Your weight</p> <ul style="list-style-type: none">• Weight gain by now is usually 2 to 4 pounds.• Your baby is likely to be healthier if you eat nutritious foods.• Try small, frequent meals to provide needed nutrition and to decrease nausea and vomiting.• Choose your calories wisely—make sure each one is good for both the baby and you.	 <p>Your weight</p>
	<p>Your exercise</p> <ul style="list-style-type: none">• You may become short of breath even when walking upstairs. Take it slowly.• It is best to never exercise to the point of exhaustion or breathlessness. This is a sign that your body cannot get the oxygen supply it needs, which affects the oxygen supply to the baby as well.• Avoid exercises that involve low oxygen environments, such as scuba diving or mountain climbing.	 <p>Your exercise</p>
	<p>Consider breast-feeding</p> <ul style="list-style-type: none">• Get to know other breast-feeding moms and get involved in community breast-feeding groups, such as La Leche League.• Human breast milk contains over 100 protective ingredients not found in cow's milk-based formula and breast milk can't be duplicated.• Learn as much about breast-feeding as you can ahead of time.	 <p>Consider breast-feeding</p>
<p>Fetal heart rate:</p> <hr/>	<p>Fetal heart rate</p> <ul style="list-style-type: none">• You may be able to hear your baby's heartbeat at this time with a Doppler.	 <p>Fetal heart rate</p>

Key points:**Discussion:****Notes:****Fundal height****Fundal height**

- Your uterus is measured from your pubic bone to the fundus to check growth of your baby. The height of the uterus in centimeters usually equals the number of weeks pregnant.
- At 10-12 weeks your uterus is at the top of your pubic bone.

Fundal height:

**Initial lab results****Initial lab results**

- If any of your test results are abnormal, your provider will discuss life-style changes, treatments and possible outcomes.




**Rh (D) Factor screen****Rh (D) Factor screen**

- Rh blood typing and antibody testing will tell if you are Rh (D) negative or positive.
- If you are found to be Rh (D) negative:
 - You will receive a D-immunoglobulin (RhoGAM) shot at 28 weeks to prevent your blood from building up antibodies that can harm your baby.
 - The D-immunoglobulin (RhoGAM) shot will be given, if you have certain procedures such as amniocentesis or if you are experiencing vaginal bleeding during the pregnancy.
 - The D-immunoglobulin (RhoGAM) shot is repeated after delivery if baby's blood is Rh positive.

Resource:
American
College of
Obstetrics &
Gynecology
(ACOG)
Pamphlet AP
027

**Rubella and
Varicella results****Rubella and Varicella results**

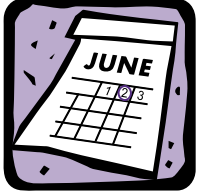
- If screening shows no immunity (tests negative), we will discuss precautions to protect against these infections.

	<p>Asymptomatic Bacteruria screen</p> <ul style="list-style-type: none"> ASB is an increased growth of bacteria in the urine that can only be found through laboratory analysis. There are no symptoms but ASB can result in serious kidney infection if left untreated. Antibiotic treatment may be prescribed. It is important to take as directed and finish the whole prescription or the bacteria can return. To reduce the chance of getting ASB, wear cotton panties and wipe from front to back. 	 <p>Asymptomatic Bacteruria (ASB) screen</p>
Resource: ACOG Pamphlet AP 2000	<p>Cystic Fibrosis (CF) carrier screen</p> <ul style="list-style-type: none"> We offer this test to determine if you are a carrier for CF and your baby's chances of having the disease. If you test positive, then we will want to test the baby's father. If you and your partner are carriers, your unborn baby will have a 1 in 4 (25%) chance of having CF. You will be given additional information, a consent form and the option for further counseling. This information allows couples to decide on their options. This test is optional. The chances of having CF vary with ethnic groups. 	 <p>Cystic Fibrosis (CF) carrier screen</p>
	<p>Your libido</p> <ul style="list-style-type: none"> In early pregnancy, you may find that your desire for sex decreases (especially if you have nausea, vomiting, fatigue or breast tenderness). Since the amniotic sac normally protects and cushions the baby, intercourse normally does not hurt the baby or cause a miscarriage. 	 <p>Your libido</p>

Key points:

Discussion:

Notes:



Your next visit

Your next visit

- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to your baby's heart rate and discuss concerns/questions you may have.
- Schedule Triple Screen Test (Maternal Serum Analyte Screening) if desired.
- Follow-up results of Cystic Fibrosis Carrier screen if done.
- Schedule Ultrasound during the 16–20 week timeframe, so wear clothes that will expose your abdomen easily.



Questions for next visit.

Questions for next visit

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Further information on the topics covered in this visit can be found at the end of the notebook.

N. B. - Listing of medications/drugs does not represent endorsement by VA/DoD

Prenatal Information Sheet: 16–20 Weeks Visit

Goal: Work towards a more comfortable and safer pregnancy.

Today's visit

- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to baby's heart rate and discuss any concerns/questions you may have.
- Receive Triple Screen Test, if desired.
- Have an Ultrasound.
- Discuss how to identify differences in pre-term labor versus false labor.



Today's visit

Your baby's growth

- Your baby now is about 4.4 to 5.5 inches long and weighs about 4 ounces.
- Fine hair, called "lanugo" is growing on your baby's head and is starting to cover the body. Fingernails are well-formed.
- The arms and legs are moving and you may start feeling this movement. This movement is called "quickening." You may not feel movement everyday at this point, but the movements will become stronger and more frequent as your pregnancy progresses.



Your baby's growth

Your body's changes

- Your uterus is about the size of a cantalope.
- Your center of gravity changes as your uterus grows. This change may affect your balance and your ability to move.
- There is an increase in the mobility of your joints that can affect your posture and cause discomfort in your lower back. As your uterus grows, the round ligaments supporting the uterus can stretch and pull. This ligament pain feels like a sharp pulling sensation on either or both sides of the lower abdomen.
- Some women may have difficulty sleeping.
- Some women complain of head stuffiness or frequent nose bleeds. These symptoms may occur because of changes in your circulatory system due to hormone changes.
- You may notice a whitish vaginal discharge.



Your body's changes

Your family's changes

- Now is the time to begin discussing birth control with your partner and health care provider. There are many effective options available for you.
- Keep in mind that breast-feeding alone is not a very effective birth control method and that many methods can also be used safely while breast-feeding.



Your family's changes



**Signs to report
immediately**

Signs to report immediately

- Bright red vaginal bleeding, gush of fluid from the vagina and/or four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Persistent severe headaches, severe nausea and vomiting
- Fever over 100 degrees Fahrenheit
- Visual changes such as bright white spots or loss of sight
- Inability to keep liquids down that results in a reduced amount of urine
- When in doubt, call the clinic or your health care provider!

Notes:**Discussion:****Key points:**

My BP:

Your blood pressure

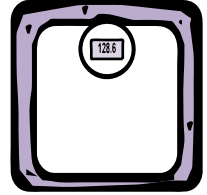
- Report these symptoms: headache, blurred vision, sudden weight gain, swelling of hands and face and decreased urination.

**Your blood pressure**

My weight:

Your weight

- The usual weight gain is approximately one pound a week during the rest of the pregnancy.
- Water contributes to 62% of the weight gain, fat 30% and protein 8%.
- Slow and steady weight gain is best.
- Use your chart to monitor your rate of weight gain.
- Severely limit or avoid alcohol completely. No amount of alcohol is safe for your baby.

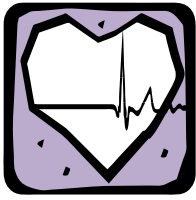
**Your weight****Your exercise**

- Stay off your back while exercising from now on.
- Mental, emotional and social benefits of exercise include:
 - Helping to prevent depression
 - Promoting relaxation and restful sleep
 - Encouraging concentration and improving problem solving
 - Helping prepare for childbirth and parenting
 - Helping prevent excess weight gain
 - Improving self-esteem and well being

**Your exercise****Consider breast-feeding**

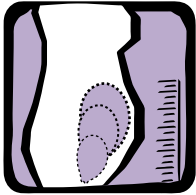
- Some advantages to baby include:
 - Easier digestion of breast milk
 - No allergy problems to breast milk
 - Less likely to cause overweight babies
 - Less constipation
 - Easier on baby's kidneys
 - Baby has fewer illnesses in the first year of life.
 - Less SIDS (Sudden Infant Deaths)
 - Close contact with mom

**Consider breast-feeding**

Key points:**Discussion:****Notes:****Fetal heart rate****Fetal heart rate**

- Usually your baby's heartbeat is easier to locate and hear at this time in your pregnancy.

Fetal heart rate:

**Fundal height****Fundal height**

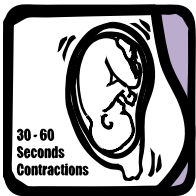
- At 16 weeks, your uterus is usually midway between the belly button and the pubic bone or 16 cm above the pubic bone.
- Beginning at 20 weeks the fundal height in centimeters will be equal to the number of weeks you are pregnant.

Fundal height:

**Triple Screen Test****Triple screen test**

- The Triple Screen test gives you an idea of your risk for having a baby with certain types of genetic defects such as Down's Syndrome or spina bifida (opening around the spine). Most babies (97%) are born without any major defects.
- Birth defects may result from viruses, exposure to harmful substances (drugs, chemicals), inherited (genes passed down) from the parents or unknown causes.
- If the test results are elevated, it may be due to reasons other than your baby's condition and further testing will be required.
- We recommend the decision to undergo this screening but it is optional.

Resource:
American College of Obstetrics & Gynecology (ACOG) Pamphlet AP 089 on Maternal Serum Screening for Birth Defects.

**"False Labor"****"False Labor"**

- Braxton Hicks contractions or "False Labor" are painless, irregular uterine contractions or tightening of the uterus that begin as early as your sixth week of pregnancy in preparation for labor.
- Most women, especially if it's their first pregnancy, will not feel any contractions until after 20 weeks.
- Towards the end of pregnancy these contractions increase in frequency, duration and intensity and are often confused with true labor.
- If you are not sure what you are feeling, ask your health care provider.

Notes:**Discussion:****Key points:**

Resource:
ACOG
Pamphlet AP
025

Ultrasound

- A painless test in which pictures (called sonograms) of the fetus are made from sound waves. A trained technician will do the ultrasound exams. Wear clothes that allow your abdomen to be exposed easily.
- Ultrasound provides information about your baby's health and well being inside the womb such as:
 - Age
 - Number of babies
 - Rate of growth
 - Placenta position
 - Baby's heart rate.
 - Amount of amniotic fluid
 - Some birth defects
 - Sex
- **Please note:** If you do not wish to know your baby's sex, let the technician know prior to the exam. It may not be possible or 100% accurate to determine the sex by Ultrasound.

**Ultrasound****Summary of visit**

Due date: _____

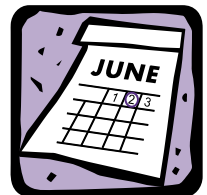
Blood test results: _____

Date of next visit: _____

Date for lab work/other medical tests: _____

**Summary of
visit****Your next visit**

- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to your baby's heart rate and discuss any concerns/questions you may have.

**Your next visit****Questions for next visit**

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

**Questions for
next visit**

Further information on the topics covered in this visit can be found at the end of the notebook.

Prenatal Information Sheet: 24 Weeks Visit

Goal: Prevent pre-term labor for a safe and healthy baby.

Today's visit

- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to your baby's heart rate and discuss any concerns/questions you may have.
- Schedule lab tests.
- Sign up for breast-feeding classes and others.
- Check to see if you are having any pre-term labor.
- Learn the signs of pre-term labor and what to do if it occurs.



Today's visit

Your baby's growth

- Your baby now is about 8.4 inches long and weighs about 1.2 pounds.
- Your baby is resting and growing inside your uterus, inside of an amniotic sac filled with fluid. This sac provides the perfect environment for your baby. Movement is easy and the sac serves as a cushion for the fetus against injury. The fluid in the sac also regulates the temperature. The fluid level should now begin to increase steadily.



Your baby's growth

Your body's changes

- Your uterus is now an inch or two above the belly button and is about the size of a small soccer ball.
- You may feel an occasional tightening of your abdomen (Braxton Hicks), which is normal.
- You may develop varicose veins, increasing heartburn, and skin changes due to the fluctuation in hormones.
- If you have any of the signs of pre-term labor, such as cramping or contractions that do not go away within an hour of rest, call your provider immediately.



Your body's changes

Your family's changes

- Talk to your family about ways to help each other adjust to the many changes you are all facing. Encourage their involvement by inviting them to your clinic visits; jointly plan for the future and share the many emotions, fears and joys you are all going through. The more your family is involved now, the easier they will bond with the new baby and participate in the care.
- If the father of the baby is not available, find someone you trust and who is willing to be your support person.



Your family's changes


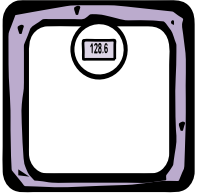





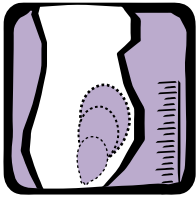
**Signs to report
immediately**

Signs to report immediately

- Bright red vaginal bleeding, gush of fluid from the vagina, and/or four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Persistent severe headaches, severe nausea and vomiting.
- Fever over 100 degrees Fahrenheit
- Visual changes such as bright white spots or loss of sight
- Inability to keep liquids down that results in a reduced amount of urine
- When in doubt, call the clinic or your health care provider!

Notes:**Discussion:****Key points:**

<p>My BP:</p> <p>_____</p>	<p>Your blood pressure</p> <ul style="list-style-type: none">• Report symptoms such as: headache, blurred vision, sudden weight gain, swelling of hands and face and decreased urination.	 <p>Your blood pressure</p>
<p>My weight:</p> <p>_____</p>	<p>Your weight</p> <ul style="list-style-type: none">• Your weight gain may be highest during the second trimester averaging closer to 1½ pounds gained per week.• Many common discomforts of pregnancy (constipation, nausea, heartburn) can be reduced through change in diet.• Make sure to get 2 servings of citrus fruits containing Vitamin-C each day.	 <p>Your weight</p>
	<p>Your exercise</p> <ul style="list-style-type: none">• We recommend that you add 100 to 200 calories to your diet and a full glass of water for every 30 minutes of exercise you do.• The American College of OB/GYN advises women to avoid bouncy, jumping, jarring or high-impact motions.• Always check with your health care provider before beginning a new exercise.	 <p>Your exercise</p>
	<p>Consider breast-feeding</p> <ul style="list-style-type: none">• Some advantages of breast-feeding to you include:<ul style="list-style-type: none">– Uses 500 to 600 calories each day that allows you to use up some of the extra fat you have stored during your pregnancy.– Helps your uterus get back to its normal size faster.– Saves time, money and extra trips to the store for formula supplies.• There are no special foods you have to eat; however, you should eat a well-balanced diet, and limit alcohol and caffeine.	 <p>Consider breast-feeding</p>
<p>Fetal heart rate:</p> <p>_____</p>	<p>Fetal heart rate</p> <ul style="list-style-type: none">• Baby's heartbeat is getting much easier to hear.	 <p>Fetal heart rate</p>



Fundal height

Fundal height

- Fundal height is about 24 cm or 2 inches above the belly button.

Fundal height:

Pre-term labor guidelines

- Your baby needs to continue to grow inside you for the full term of your pregnancy. Labor earlier than three weeks before your due date can lead to a premature (preemie) baby with many associated risks.

- **Report to your health care provider any of the following symptoms:**

- Low, dull backache
- Four or more uterine contractions per hour. Uterine contractions maybe perceived by you as:

Menstrual cramps

Sensation of the “baby rolling up in a ball”

Abdominal cramping (maybe associated with diarrhea)

Increased uterine activity compared to previous patterns

- Increased pelvic pressure (may be with thigh cramps)
- Sensation that “something feels different” (e.g., agitation, flu-like syndrome, and sensation that baby has “dropped”).

- **If you experience any of the above symptoms you should:**

- Stop what you are doing and empty your bladder.
- Drink 3-4 glasses of water.
- Lie down on your left side for one hour and place your hands on your abdomen and feel for tightening and hardening of your uterus.
- Count how many contractions you have in an hour.
- If you have more than four contractions in an hour call either the clinic or Labor & Delivery immediately.

- **You should report immediately:**

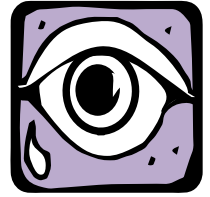
- Change in vaginal discharge such as change in color of mucus, leaking of clear fluid, spotting or bleeding or a vaginal discharge with a fish-like odor immediately after intercourse



Pre-term labor guidelines

Domestic abuse screen

- Abuse often begins or increases during pregnancy. The abuse may be physical, sexual or emotional abuse. If the abuse is physical, such as blows to the abdomen, the fetus is at danger for direct injury, miscarriage and/or low birth weight.
- Please seek help from your health care provider, counselor or close friend.
- National Domestic Abuse Hotline: 1-800-799-7233



**Domestic abuse
screen**

Gestational Diabetes (GD) testing

- You will receive a blood test for Gestational Diabetes. This blood test will tell how your body is responding to your sugar levels.
- Gestational Diabetes is abnormal sugar levels in your blood during your pregnancy. It usually goes away after delivery. If your results are high, this does not mean you have diabetes, it just means further testing is needed.
- To prepare for the test at your next visit, eat your usual dinner the night before the test and your normal breakfast the day of the test.
- At the lab, you will be given a glass of glucola to drink which is a very sweet drink that has a specific amount of sugar in it.
- During the hour between drinking the glucola and having your blood drawn, do not eat or drink anything except water, including gum and candy, because they may affect the test results.



**Gestational
Diabetes (GD)
testing**

Summary of visit

Date of next visit: _____

Date for lab work/other medical tests: _____



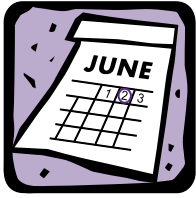
**Summary of
visit**

Key points:

Discussion:

Notes:

Your next visit



Your next visit

- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to your baby's heart rate and discuss any concerns/questions you may have.
- Instructions on counting fetal movement.
- Receive RhoGAM® (D-immunoglobulin) if your blood is Rh negative (D-) and you are not sensitized.
- Have blood work for gestational diabetes and other labs if needed. You will have to wait one hour between the first blood sample and the second for the diabetes testing.
- Sign up for breast-feeding and other available classes.

Questions for next visit



Questions for next visit

☐ _____

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Further information on the topics covered in this visit can be found at the end of the notebook.

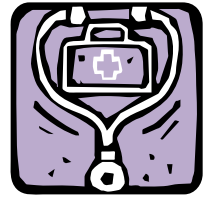
N. B. - Listing of medications/drugs does not represent endorsement by VA/DoD

Prenatal Information Sheet: 28 Weeks Visit

Goal: Monitor baby and your progress and learn to count fetal movements.

Today's visit

- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to your baby's heart rate and discuss any concerns/questions you may have.
- Receive blood test for Gestational Diabetes (GD).
- Check for pre-term labor.
- Review signs of pre-term and what to do if they occur.
- Learn how to do Fetal Movement Counts.
- You will have an additional blood test before receiving RhoGAM® (D-immunoglobulin) shot, if Rh negative.
- Register for Breast-feeding class, Childbirth classes and Labor and Delivery tour.



Today's visit

Your baby's growth

- Your baby's weight has doubled since your last visit! Your baby weighs about 2.5 lbs and is 10 inches long.
- The baby starts to lose the lanugo (fine hair), especially from the face. The baby has a large amount of cheesy-like substance (vernix) covering the body that protects the skin while the baby is living in the amniotic fluid. This vernix decreases on the skin as the baby grows.
- Your baby's eyebrows and eyelashes may be present now.
- The brain tissue also increases during this time.
- Now that you are 28 weeks, you should be feeling your baby move (kick, roll, twists, turns, and jabs) on a regular basis.



Your baby's growth

Your body's changes

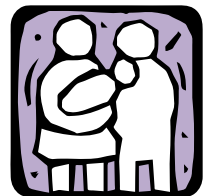
- You've probably gained about 17 pounds.
- You may also start experiencing some swelling, numbness or pain in your hands and wrists. Avoid sleeping on your hands or bending your wrists for long periods of time.



Your body's changes

Your family's changes

- Everyone needs help with childcare options whether on a full, part time or occasional basis.
- Active duty moms must list their childcare providers upon return to work.
- Now is the time to explore the various childcare options in your community.



Your family's changes


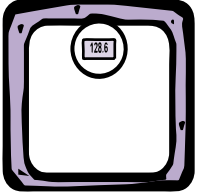


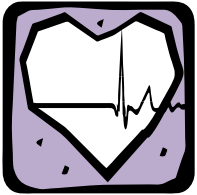


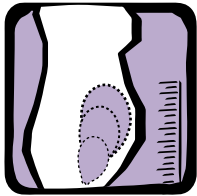
**Signs to report
immediately**

Signs to report immediately

- Bright red vaginal bleeding, gush of fluid from the vagina, and/or four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Persistent severe headaches, severe nausea and vomiting
- Fever over 100 degrees Fahrenheit
- Visual changes such as bright white spots or loss of sight
- Excessive thirst
- Decrease in fetal movement (below ten movements/two hours)
- When in doubt, call your clinic, health care provider or Labor and Delivery!

Notes:**Discussion:****Key points:**

<p>My BP:</p> <hr/>	<p>Your blood pressure</p> <ul style="list-style-type: none">• Remember to report symptoms such as headache, blurred vision, sudden weight gain, swelling of hands and face and decreased urination.	 <p>Your blood pressure</p>
<p>My weight:</p> <hr/>	<p>Your weight</p> <ul style="list-style-type: none">• Try and eat a variety of foods.• As minimum you should eat these every day:<ul style="list-style-type: none">– 6-11 servings of bread, cereal, rice or pasta– 3-5 servings of vegetables– 2 servings of fruit– 2-3 servings of protein such as poultry, fish, dry beans, meat, eggs & nuts– 3-5 servings of dairy products such as milk, yogurt and cheese• If needed, extra nutrients such iron, vitamins B-6 and B-12 and calcium maybe prescribed.	 <p>Your weight</p>
	<p>Your exercise</p> <ul style="list-style-type: none">• Now that your uterus is getting larger, you need to avoid exercises that require a lot of balance.• Make sure you replace the energy burned during exercise with extra calories. These calories need to be nutritious for both you and your baby.	 <p>Your exercise</p>
	<p>Consider breast-feeding</p> <ul style="list-style-type: none">• Classes on breast-feeding will:<ul style="list-style-type: none">– Help answer many questions.– Give you confidence in your ability to breastfeed.– Introduce you to other breast-feeding moms.– Reassure you that what you are doing is best for both you and your baby.	 <p>Consider breast-feeding</p>
<p>Fetal heart rate:</p> <hr/>	<p>Fetal heart rate</p> <ul style="list-style-type: none">• This measurement will be done at each visit to monitor your baby's well-being.	 <p>Fetal heart rate</p>

Key points:**Discussion:****Notes:****Fundal height****Fundal height**

- The top of your uterus measures about 28 cm from your pubic bone.

Fundal height:

**Fetal Movement Count****Fetal Movement Count**



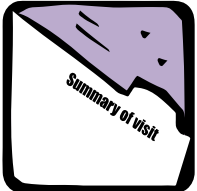
- One very reassuring way to determine the baby's overall health and wellness is to record your baby's movements daily.
- By now, you probably know when your baby is most active. This may be before or after a meal, early in the morning, or at night when you go to bed. Each baby is unique.
- You should count your baby's movements whenever he or she is most active. This count should occur about the same time each day. You will need to record the time it takes for your baby to move 10 times.
- You should be able to feel at least ten movements within two hours.
- If you do not get ten movements within two hours, you should call or go to Labor and Delivery immediately with your movement chart. Do not wait until the next day or next appointment.

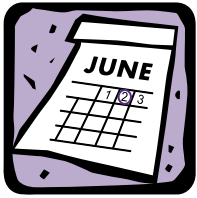
Fetal Movement Count:

Pre-term labor guidelines (If you have any of the following symptoms you should follow the pre-term labor guidelines as listed in week 24.)

- **Report to your health care provider any of the following symptoms:**
 - Low, dull backache
 - Four or more uterine contractions per hour. Uterine contractions may be perceived by you as:
 - Menstrual cramps*
 - Sensation of the "baby rolling up in a ball"*
 - Abdominal cramping (may be associated with diarrhea)*
 - Increased uterine activity compared to previous patterns*
 - Increased pelvic pressure (may be with thigh cramps)
 - Sensation that "something feels different" (e.g., agitation, flu-like syndrome, and sensation that baby has "dropped").
- **You should report immediately:**
 - Change in vaginal discharge such as change in color of mucus, leaking of clear fluid, spotting or bleeding or a vaginal discharge with a fish-like odor

**Pre-term labor guidelines**

	<p>Gestational Diabetes (GD) testing</p> <ul style="list-style-type: none"> • High blood sugar puts your baby at risk for complications. • High blood sugar usually develops towards the middle of your pregnancy. • Risk factors include: being over age 25, overweight, family history of diabetes, ethnic background (Hispanic, African American, Native American, Asian), previous delivery of a baby over nine pounds. • This test will determine if you have a normal response to a sugar load (glucola). • If your blood sugar levels are high, further testing will be ordered. • Often this condition can be controlled through special diet. 	 <p>Gestational Diabetes (GD) testing</p>
Resource: American College of Obstetrics & Gynecology (ACOG) Pamphlet AP 027	<p>Rh (D) negative (Anti-D) prophylaxis</p> <ul style="list-style-type: none"> • Earlier in your pregnancy, you had a test to tell what your Rh (D) status was. • Rh (D) negative women will have an additional blood test (antibody screen) and will usually receive RhoGAM® (D-Immunoglobulin) at this appointment. • This shot will be repeated after delivery, if baby has Rh (D) positive blood. 	 <p>Rh (D) negative (Anti-D) prophylaxis</p>
	<p>Summary of visit</p> <p>Date of next visit: _____</p> <p>Date for lab work/other medical tests: _____</p>	 <p>Summary of visit</p>



Your next visit

Your next visit

- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to your baby's heart rate, review fetal movement record and discuss any concerns/questions you may have.
- Sign up for classes (if not done already).
- Receive domestic abuse screening.
- Review pre-term labor signs.



Questions for next visit

Questions for next visit

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Further information on the topics covered in this visit can be found at the end of the notebook.

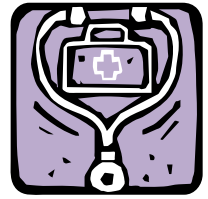
N. B. - Listing of medications/drugs does not represent endorsement by VA/DoD

Prenatal Information Sheet: 32 Weeks Visit

Goal: Prepare for your baby's arrival.

Today's visit

- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to your baby's heart rate, review the fetal movement record and discuss any concerns/questions you may have.
- Check for pre-term labor.
- Receive domestic abuse screening.
- Sign up for classes such as Breast-feeding, Childbirth, Labor and Delivery, Postpartum and Newborn tour if not done yet.



Today's visit

Your baby's growth

- Your baby weighs almost 4 pounds, and the length is 18-19 inches!
- Organ systems are now adequately developed.
- Most likely, your baby is in the "head down" position so you may feel most of your kicks and jabs under your ribs, or even a forceful blow to the cervix.



Your baby's growth

Your body's changes

- The top of your uterus is about 4-5 inches above your belly button by now.
- You may also notice that your back and pelvic area may feel different. The bones in your pelvis are moving and shifting to make room for the baby's head to pass through.
- As this happens, the ligaments around the pelvis also stretch, which can cause some discomfort in the hip joints, back, and front of the pelvis.



Your body's changes

Your family's changes

- You and your partner may become more anxious as the "big day" approaches.
- You may become more irritable and find that this can put a strain on your relationship.
- You'll probably find that it is harder to do all the things that you are used to doing, such as sleeping and moving quickly.
- Make sure you have a plan for getting to the hospital no matter when you need to go! This plan needs to include transportation, child and pet care options, and phone numbers.



Your family's changes


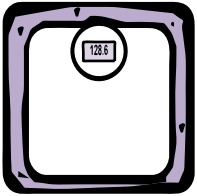


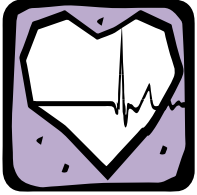


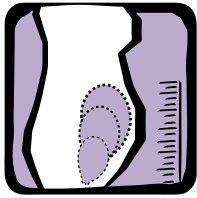
**Signs to report
immediately**

Signs to report immediately

- Bright red vaginal bleeding, gush of fluid from the vagina, and/or four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Persistent severe headaches, severe nausea and vomiting
- Fever over 100 degrees Fahrenheit
- Visual changes such as bright white spots or loss of sight
- Excessive thirst
- Decrease in fetal movement (below ten movements/two hours)
- When in doubt, call your clinic, health care provider or Labor and Delivery!

Notes:**Discussion:****Key points:**

<p>My BP:</p> <p>_____</p>	<p>Your blood pressure</p> <ul style="list-style-type: none">Remember to report symptoms such as headache, blurred vision, sudden weight gain, swelling of hands and face and decreased urination.	 <p>Your blood pressure</p>
<p>My weight:</p> <p>_____</p>	<p>Your weight</p> <ul style="list-style-type: none">Pregnancy increases your requirements for iron, calcium, folate, protein and water.Make sure to read food labels carefully.Try to limit your refined sugars (honey, maple syrup, white and brown sugars) by substituting with fruit and fruit juice concentrates.	 <p>Your weight</p>
	<p>Your exercise</p> <ul style="list-style-type: none">You can continue to exercise right up to delivery and this may even help the delivery go more easily.Don't exercise on an empty stomach and make sure you replace any fluids lost during exercise.Avoid exercising in very hot and or humid weather.You may need to modify the intensity of your exercise routine according to your symptoms. Now is not the time to exercise to exhaustion or fatigue.	 <p>Your exercise</p>
	<p>Consider breast-feeding</p> <ul style="list-style-type: none">The American Academy of Pediatrics, the American Academy of Family Practice and many other professional organizations recommend breast-feeding for first 12 months, but any amount of breast-feeding is beneficial to your baby.If you have any doubts or concerns about breast-feeding, let your provider know. We have many excellent resources to help you feel more comfortable and confident with breast-feeding.	 <p>Consider breast-feeding</p>
<p>Fetal heart rate:</p> <p>_____</p>	<p>Fetal heart rate</p> <ul style="list-style-type: none">This measurement will be done at each visit to monitor your baby's well-being.	 <p>Fetal heart rate</p>

Key points:**Discussion:****Notes:****Fundal height****Fundal height**

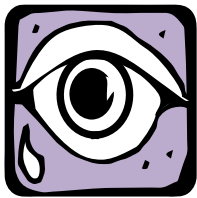
- The top of your uterus is 32 cm above your pubic bone or 4-5 inches above your belly button.

Fundal height:

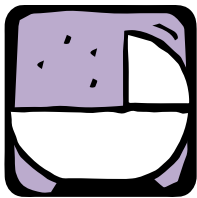
**Fetal Movement Count****Fetal Movement Count**

- Review fetal movement count record.

Fetal Movement Count:

**Domestic abuse screen****Domestic abuse screen**

- Let your health care provider know if:
 - Within the last year, or since you have been pregnant, you have been hit, slapped, kicked, otherwise physically hurt or forced to have sexual activities.
- National Domestic Abuse Hotline: 1-800-799-7233

**Preparing for baby's arrival****Preparing for baby's arrival**

- Most women go through the “nesting” phase a week or two before delivery.
- You’ll probably clean everything in sight, so take it as a blessing in disguise.
- Plan, cook, and freeze some meals ahead of time. Keep a stock of basic staples, so you won’t have to go to the store for basic food items.
- If friends offer to help, suggest that they cook a meal or two for you and your family.
- Baby’s living area: Whether the baby has it’s own room, or is sharing a room with a sibling or with you, be sure that the area is clean and safe. Wash your baby’s new sheets, blankets, and clothes in a mild detergent (or, if your machine has this feature, run them through an extra rinse) before you bring the baby home.
- After the baby comes home, you will have many new duties, a lot less sleep, and a lot less energy. So, best advice, plan ahead.

Pre-term labor guidelines (If you have any of the following symptoms you should follow the pre-term labor guidelines as listed in week 24.)

- **Report to your health care provider any of the following symptoms:**
 - Low, dull backache
 - Four or more uterine contractions per hour. Uterine contractions may be perceived by you as:
 - Menstrual cramps*
 - Sensation of the “baby rolling up in a ball”*
 - Abdominal cramping (may be associated with diarrhea)*
 - Increased uterine activity compared to previous patterns*
 - Increased pelvic pressure (may be with thigh cramps)
 - Sensation that “something feels different” (e.g., agitation, flu-like syndrome, and sensation that baby has “dropped”).
- **You should report immediately:**
 - Change in vaginal discharge such as change in color of mucus, leaking of clear fluid, spotting or bleeding or a vaginal discharge with a fish-like odor



Pre-term labor guidelines

Summary of visit

Date of next visit: _____

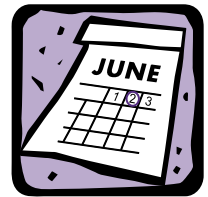
Date for lab work/other medical tests: _____



Summary of visit

Your next visit

- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to the baby's heart rate, review the fetal movement record and discuss concerns/questions you may have.
- Discuss your birth plan.
- Have Group B Streptococcus (GBS) test.



Your next visit

Questions for next visit

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____



Questions for next visit

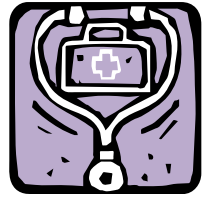
Further information on the topics covered in this visit can be found at the end of the notebook.

Prenatal Information Sheet: 36 Weeks Visit

Goal: Begin preparations for your hospital experience.

Today's visit

- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to baby's heart rate, review the fetal movement record, assess baby's position and discuss any concerns/questions you may have.
- Have test for Group B Streptococcus (GBS).
- **Last visit** that you will be asked about the signs of pre-term labor.
- Discuss birth plan.
- Complete necessary forms from your health care provider and take them to the Admissions Office for admission.



Today's visit

Your baby's growth

- Your baby probably weighs around six pounds now and is about 20 inches in length.
- Most likely, your baby is in the "head down" position. However, some babies settle into the head down position only a few days before delivery. If baby is in the breech (or butt down) position, your provider will discuss options to turn the baby to head down position.



Your baby's growth

Your body's changes

- Easier breathing after the baby "drops" or moves down into pelvis. Some babies don't drop until after labor begins.
- More frequent urination after the baby "drops" down
- Increased backache and heaviness
- Pelvic and buttock discomfort
- Increased swelling of the ankles and feet, and occasionally the hands and face
- More frequent and more intense Braxton-Hicks (non-painful) contractions



Your body's changes

Your family's changes

- More excitement and anxiety but also more impatience and restlessness as the delivery date nears
- Apprehension about the baby's health and labor and delivery are common.
- Share these emotions.



Your family's changes


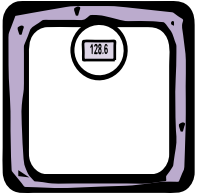


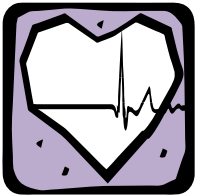
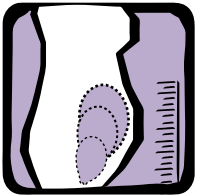


**Signs to report
immediately**

Signs to report immediately

- Bright red vaginal bleeding, gush of fluid from the vagina, and/or four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Persistent severe headaches, severe nausea and vomiting
- Fever over 100 degrees Fahrenheit
- Visual changes such as bright white spots or loss of sight
- Excessive thirst
- Decrease in fetal movement (below ten movements/two hours)
- When in doubt, call your clinic, health care provider or Labor and Delivery!

Notes:**Discussion:****Key points:**

My BP: _____	Your blood pressure <ul style="list-style-type: none">Remember to report symptoms such as headache, blurred vision, sudden weight gain, swelling of hands and face and decreased urination.	 Your blood pressure
My weight: _____	Your weight <ul style="list-style-type: none">When making your choices from each food group, pick those that are low in fat and high in fiber and iron.With your enlarging uterus, you may need to eat smaller more frequent meals.	 Your weight
	Your exercise <ul style="list-style-type: none">Regular exercise helps you keep fit during your pregnancy and feeling better during a time when your body is changing.Avoid overheating by drinking adequate amounts of fluids and wearing appropriate clothing.	 Your exercise
	Consider breast-feeding <ul style="list-style-type: none">Breast milk is the ideal food for a baby and is easily digested.Many studies have shown that breast-feeding can improve your chances of avoiding breast cancer.	 Consider breast-feeding
Fetal heart rate: _____	Fetal heart rate <ul style="list-style-type: none">This measurement will be done at each visit to monitor your baby's well-being.	 Fetal heart rate
Fundal height: _____	Fundal height <ul style="list-style-type: none">This measurement will be done at each visit to monitor the progress of your pregnancy.	 Fundal height



Fetal Movement
Count

Fetal Movement Count

- Review fetal movement count record..

Fetal Movement
Count:



Fetal
presentation

Fetal presentation

- The location of the baby's heartbeat in the lower half of your abdomen is a clue to your baby being in the head down position.
- If the baby's position is not head-down, it can be confirmed by ultrasound.
- Discussion of options includes performing an external version (turning the baby), planning for a vaginal delivery when possible, or scheduling a Cesium Section.



Group Beta
Streptococcus

Group Beta Streptococcus

- GBS, bacteria commonly found in the vagina or rectum, can sometimes be passed on to baby during labor and delivery.
- Testing can tell if you have GBS.
- Your provider will wipe the vaginal and rectal area and send the specimen to the lab.
- Once completed, test results will be discussed with you at your next visit.
- If the test is positive, you will receive antibiotics during labor.



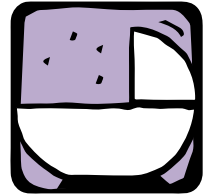
Birth plan

Birth plan

- If you have a birth plan or any special requests, please let your nurse or health care provider know and we will do whatever we can to accommodate you and your family while also ensuring an optimal and healthy outcome.

Preparing for baby's arrival

- Pack two bags, one for you and one for baby. Your partner will have less to carry while helping you to Labor and Delivery.
- Bring things to make you comfortable: washcloths, extra socks, chap stick, hair items, basic toiletries. If you wear contact lenses, be sure to bring your case and a pair of glasses.
- Bring several pair of your oldest panties as you'll be bleeding quite a bit for a few days.
- If breast-feeding, be sure to bring a nursing bra or two.
- Feel free to bring your own nightgowns or pj's, slippers, and robe, but we can also provide these items for your use while in the hospital.
- You will need clothes to go home in. Make sure they are comfortable, and, yes, you will still be wearing maternity clothes for awhile.
- For baby: bring an outfit to go home in, a blanket, and a car seat. You won't need these until the day of discharge.
- Feel free to bring a tape/CD player. Your tastes/preferences may change as you move through the different stages of labor, so you may want a variety of music options.
- Bring phone numbers of those you want to call immediately after the baby is born.
- Don't forget the camera! Bring extra film and batteries as back-up. You don't want to miss this! This is a once in a lifetime opportunity!



Preparing for baby's arrival

Pre-term labor guidelines

- **This is the last week you have to report pre-term labor symptoms. Remember you need to go into Labor and Delivery if you're having:**
 - More than 4 contractions per hour that do not ease up with drinking 3-4 glasses of water, emptying your bladder, and lying on your left side for an hour
 - Leaking of clear fluid, spotting or bleeding
 - Or other pre-term labor symptoms previously discussed.



Pre-term labor guidelines

Summary of visit

Date of next visit: _____

Date for lab work/other medical tests: _____

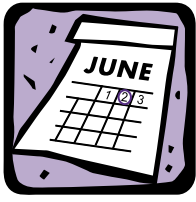


Summary of visit

Key points:

Discussion:

Notes:



Your next visit

Your next visit

- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to your baby's heart rate, review the fetal movement record, assess baby's position and discuss any concerns/questions you may have.
- Discuss results of Group B Streptococcus (GBS) culture.
- Vaginal exam to check for any changes in the cervix and strip your membranes if possible.



Questions for next visit

Questions for next visit

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

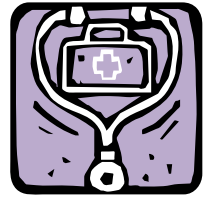
Further information on the topics covered in this visit can be found at the end of the notebook.

Prenatal Information Sheet: 38–41 Weeks Visit

Goal: Preparing for the delivery and baby's arrival at home.

Today's visit

- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to your baby's heart rate, review the fetal movement record, assess baby's position and discuss any concerns/questions you may have.
- Vaginal exam: Your provider will check for any cervical opening or thinning and offer to strip membranes if possible.
- Sign up for any missed classes or tours.
- Discuss Group B Streptococcus (GBS) results.
- Update birth plan if needed.
- Make sure all necessary forms are completed and are at the Admissions Office.



Today's visit

Your baby's growth

- Your baby probably weighs around 7 pounds now and is about 21 inches in total length.
- Most likely, your baby is in the "head down into the pelvis" position, but some babies won't drop into position until a few days before delivery or not until labor begins.
- You will be seen by a health care provider more frequently as your due date nears to ensure a safe delivery for both you and your baby.
- We know babies are usually mature enough to do very well on the outside beginning at 37 weeks. We also know babies continue to grow well within mom as long as everything is functioning normally. This functioning is what we will be watching closely with additional fetal testing beginning at 41 weeks.
- Labor will usually be induced at the 42th week. Going longer than 42 weeks will put baby at increased risk for complications. Keep in mind that a majority of pregnancies are anywhere from 37 to 42 weeks long.



Your baby's growth

Your body's changes

- While baby's type of movement may change as he or she takes up more room in the uterus, it is still important to count and report any decrease in number of movements.
- Baby is getting big and you are getting tired. Avoid over-exhaustion; take frequent breaks and get your feet up.
- If you have trouble sleeping, try a warm bath before bed, a soothing massage, pillows between your legs or sleeping on your side.



Your body's changes



**Your family's
changes**

Your family's changes

- Keep in mind that you can deliver anytime from today till 42 weeks of pregnancy and that few babies are born on their due date.
- You and your family may become more frightened and/or frustrated if you have not delivered. Tips on conquering these fears and frustrations include:
 - Talking them over with your partner, friends, or health care provider.
 - Use relaxation techniques such as deep breathing, music, quiet walks, afternoon naps, and quiet time alone.
- Enjoy this time together and try to rest up for the big event.
- Review your labor and delivery coping techniques with your support person.


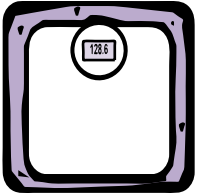


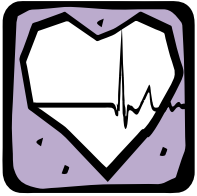
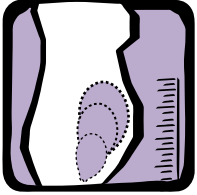


**Signs to report
immediately**

Signs to report immediately

- Bright red vaginal bleeding, gush of fluid from the vagina, and /or four or more painful cramping contractions within an hour (after resting and emptying bladder)
- Persistent severe headaches, severe nausea and vomiting
- Fever over 100 degrees Fahrenheit
- Visual changes such as bright white spots or loss of sight
- Excessive thirst
- Decrease in fetal movement (below ten movements/two hours)
- When in doubt, call your clinic, health care provider or Labor and Delivery!

Notes:**Discussion:****Key points:**

My BP: _____	Your blood pressure <ul style="list-style-type: none">It is still important to report to your health care provider any severe headache, blurring of vision, sudden weight gain, rapid swelling of hands and face and decreased urination.	 Your blood pressure
My weight: _____	Your weight <ul style="list-style-type: none">Total weight gain should be about 25 pounds unless you are over or underweight. Your weight gain is not all fat. It is mostly water in your body and the weight of the growing baby.Weight gain generally slows down or ceases towards the end of your pregnancy.	 Your weight
	Your exercise <ul style="list-style-type: none">Continue your exercises but modify intensity to avoid fatigue.Don't forget to finish your exercise with an adequate cool down and relaxation period.	 Your exercise
	Consider breast-feeding <ul style="list-style-type: none">Breast-feeding is not for every mother. Your decision will depend on life-style, desire, time and support.Breast-feeding for even a few weeks has health benefits for the baby and mom.You will need an extra 500 calories a day to produce milk for your baby.	 Consider breast-feeding
Fetal heart rate: _____	Fetal heart rate <ul style="list-style-type: none">This measurement will be done at each visit to monitor your baby's well-being.	 Fetal heart rate
Fundal height: _____	Fundal height <ul style="list-style-type: none">Measure uterine growth, and check to see if baby is dropping into the pelvis. You may feel this 'drop' as an increase in frequency of urination and easier breathing.	 Fundal height



Fetal Movement
Count

Fetal Movement Count

- Review Fetal Movement Count record.

Fetal Movement
Count:



Weekly cervical
stripping

Weekly cervical stripping

- Towards the end of pregnancy, the cervix will start to prepare itself for going into labor. This preparation or “ripening” results in cervical softening (effacement) and opening (dilatation). The part of the membranes that was over the cervical opening can now usually be felt by a vaginal exam.
- In order to help prepare the cervix to go into labor and prevent your pregnancy from going much beyond your due date, your cervix may be “stripped”.
- Your cervix is “stripped” by inserting a gloved finger between the membranes and the inner wall of the cervix. The finger is then swept in a circular motion around the inner cervix to separate the membranes from the cervical wall.
- Some women will get some contractions and some vaginal spotting as a result of this procedure. Some (but not many) will actually go into labor!



Postdate
pregnancy plan

Postdate pregnancy plan

- If you have not delivered by 41 weeks, you will begin a “postdate pregnancy plan.”
- This plan will includes:
 - Non-stress tests twice a week
 - Weekly Ultrasound measurement of amniotic fluid levels
 - Continued daily fetal movement recording
 - Continued weekly clinic visits
 - Possible induction at 42 weeks

When you are admitted

- Hopefully by now, you have seen the Labor and Delivery area, are pre-admitted and have transportation and child/pet care arranged.
- Expect to be a little nervous. The big event is about to happen!
- Prior to admission, you will probably be given a vaginal exam to determine where you are in labor and both you and your baby's vital signs will be taken.
- If admitted, (you are in active labor or your bag of water broke or you need close observation) you will be taken to a labor room where your baby's heart rate and your contractions will be monitored by an external fetal monitor (same monitor as used for the non-stress test you may have had). You will have your blood drawn and possibly an IV started at this time.
- Now you and your partner get to put all that practice to work! Remember each contraction only lasts less than 90 seconds and puts you one contraction closer to holding your baby.
- If you have any special requests such as having the father cut the cord, or you want to breast feed immediately after delivery, let the staff know now. Don't forget the camera for your baby's very first pictures.
- Your placenta will deliver within 30 minutes after the baby is born but you are usually too occupied with baby to take much notice.
- This is a good time to put your baby to breast. This serves two functions: helps you bond with your new baby and decreases your blood loss by contracting your uterus.



**When you are
admitted**

Postpartum (after the delivery)

- Even though you have usually worked hard and long to bring about this birth, most mothers are too excited to sleep. Enjoy this time. It is precious!
- The staff will be checking on both you and your baby frequently during this postpartum period. These checks are done to ensure both of you are doing well.
- If your child is male, you will need to decide on whether to have him circumcised. This procedure is usually done prior to hospital discharge. While there maybe potential health benefits, at present there is not enough medical evidence to recommend routine circumcision. Circumcision is a personal decision based on cultural, health and religious beliefs.
- If you are having any problems caring for your newborn, let the staff know immediately. They are there to help you feel more comfortable and secure in your new role.
- The nursing staff will go over the basics of self and infant care. Ask questions and make sure you understand the information you are given.



**Postpartum
(after the
delivery)**



Going home

Going home

- At the time of discharge, you will be given appointments for your baby's 2 week newborn check-up.
- Ask how to schedule your own 6-8 week postpartum appointment.
- Before leaving the hospital, your car seat will be evaluated and instructions given. The safest place for a newborn car seat is in the middle of the back seat facing the rear.
- If you need birth control, make sure it is obtained before leaving the hospital.



Post delivery appointments

Post delivery appointments

- At the baby's appointment, your baby will be measured, weighed, and receive a complete physical exam.
- Parenting concerns such as feeding, bowel movements, sleep and number of wet diapers will be discussed.
- Be sure to write down questions you have and bring them with you to this visit.
- At your 6-8 week postpartum checkup, a pelvic examination will be done to see if your uterus has returned to normal along with a pap test to check for cervical cancer.
- Your newborn is usually welcomed to accompany you to this visit. Check with your clinic and if you are bringing your baby, make sure you have a carriage or car seat for your baby during the exam.
- Your birth control method will be reviewed and revised as needed.
- If you, your baby or your family are having problems adjusting, be sure to let your health care provider know.



Additional signs to report

Additional signs to report

- **Prior to your six week check-up, call your health care provider if you experience:**
 - Fever
 - Burning on urination
 - Increased pain near your vagina or surgical site
 - Foul smelling vaginal discharge
 - Swollen, painful, hot, red area on your leg
 - Extended periods of hopelessness or depression (more than 2-3 days a week)

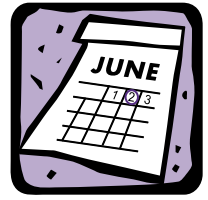
Notes:

Discussion:

Key points:

Your next visit

- **Every visit:** We will measure your uterine growth, blood pressure, weight, listen to fetal heart rate, review fetal movement record, assess baby's position and discuss any concerns/questions you may have.
- Discuss Postdate Pregnancy Plan if you have not delivered by 41 weeks.
- Schedule for twice a week Non-Stress Tests and weekly, ultrasound-amniotic fluid measurements beginning at your 41st week.
- Schedule weekly prenatal visits.



Your next visit

Questions for next visit

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____



Questions for next visit

Further information on the topics covered in this visit can be found at the end of the notebook.

Goal oriented visits:

6-8 Week Visit Goal: Exchange information and identify existing risk factors that may impact your pregnancy.

To Do:

1. Read the next visit information and any additional related topics prior to your visit and write down any questions you may have.
2. Ask your family about any medical problems that exist in your family such as diabetes, cancer, hypertension, and genetic problems.
3. Fill out self- administered questionnaire in preparation for this visit.
4. Suggest reading: the HIV and Cystic Fibrosis Carrier Screen consent forms and think about whether you wish to have these blood tests performed.

10-12 Week Visit Goal: Determine current health status and work towards a healthy pregnancy.

To Do:

1. Read the visit information and any additional related topics prior to your visit and write down any questions you may have.
2. Wear easy to change out of clothing for physical exam.
3. Suggest reading: Common Discomforts and Annoyances and Triple (Maternal Serum Analyte) Screen consent form for next visit (16-20 week) and think about whether you wish to have this blood test performed.

16-20 Week Visit Goal: Work towards a more comfortable & safer pregnancy.

To Do:

1. Read the visit information and any additional related topics prior to your visit and write down any questions you may have.
2. Allow time for Ultrasound if scheduled with this appointment.

24-Week Visit Goal: Prevent Pre-term Labor for a safe and healthy baby.

To Do:

1. Read the visit information and any additional related information prior to your visit and write down any questions and concerns you may have.
2. Suggested reading: Pre Term Labor in Resource Pregnancy Section and local listing of classes in the Clinic and Hospital Section

28-week visit Goal: Monitor your baby and your progress and learn to count fetal movements.

To Do:

1. Read the visit information and any additional related topics prior to your visit and write down any questions and concerns you may have.
2. Follow instructions given to you for your 1-hour glucola test.
3. Suggested reading: Fetal Movement Counts under Testing and Monitoring in the Resource Pregnancy Section.

32-week visit Goal: Prepare for your baby's arrival.

To Do:

1. Read the visit information and any additional related topics prior to your visit and write down any questions or concerns you may have.
2. Fill out Fetal Movement Chart and bring with you to visit.
3. Suggested reading: Labor and Delivery in the Resource Section.

36-week visit Goal: Begin preparations for your hospital experience.

To Do:

1. Read the visit information and any additional related topics prior to your visit and write down any questions and concerns you may have.
2. Fill out Fetal Movement Chart and bring with you to visit.
3. Suggested reading: Labor and Delivery in the Resource Section.

38-41 week visits Goal: Preparing for the delivery and baby's arrival at home.

To Do:

1. Read the visit information and any additional related topics prior to your visit and write down any questions or concerns you may have.
2. Fill out Fetal Movement Chart and bring with you to visit.
3. Suggested reading: Postdate Pregnancy Plan and After the Baby in the Resource Section

Resource Section:

- **Clinic & Hospital Information**
- **Consent Forms**
 - Cystic Fibrosis Carrier Screen
 - Human Immunodeficiency Virus (HIV)
 - Triple (Maternal Serum Analyte) Screen
- **Pregnancy Information**
 - Active Duty Issues
 - Anatomy (front & side views)
 - Common Discomforts and Annoyances
 - Fetal Movement Count Charts (5 totaled)
 - Immunizations
 - Nutrition in Pregnancy
 - Food Pyramid
 - BMI Chart
 - Weight Gain Chart
 - Sexually Transmitted Diseases
 - Testing and Monitoring during pregnancy
 - True versus False Labor (Braxton-Hicks Contractions)
- **Labor & Delivery**
 - Labor & Delivery Basic Information
 - Birth Plan
- **After The Delivery**
 - Baby Equipment
 - Birth Control
 - Bottle Feeding
 - Breast-Feeding
 - Safety Tips for Baby
- **Common Terms**

Suggested Additional Readings (available in your clinic):

- Alcohol in Pregnancy
- Birth defects
- Breech
- Cystic Fibrosis (Carrier Screening) and (What if both are carriers)
- Drugs & Pregnancy
- Exercise
- Group B Streptococcus and your Pregnancy
- Having Twins
- Physical Training for the Pregnant Soldier
- Post Date
- Pre Term Labor
- Rh Factor: How it can affect your pregnancy
- Sickle Cell
- Smoking
- Sterilization
- Triple (Maternal Serum Analyte) Screen

Websites:

<http://www.nlm.nih.gov/medlineplus/> (general pregnancy and health)
<http://www.healthfinder.gov> (general pregnancy and health)
<http://www.modimes.org/> (general pregnancy, baby and health)
<http://familydoctor.org/> (general pregnancy, baby and health)
<http://mama.modimes.org/> (general pregnancy,baby and health)
<http://www.childbirth.org/> (childbirth)
<http://www.4women.org/>(women's health,nutrition and birth control)
<http://www.lalecheleague.org/> (breast-feeding)
<http://www.plannedparenthood.org> (birth control)
<http://www.gotmom.org> (breast-feeding)
<http://healtheforces.org> (military and health care)

Active Duty Information – Army

Congratulations!

With this pregnancy, you will be facing extraordinary changes in your life. Unlike your civilian counterparts, you also have to manage the impact that your pregnancy and military life will have on each other. The following information is provided to help you, the active duty expectant mother/soldier, make key decisions and chart the best course for your pregnancy.

Maternity uniforms:

You will be provided two sets of maternity uniforms (BDUs or whites). At most posts, you will need to take a memorandum from your commander requesting the issue and a copy of your pregnancy profile showing your due date to the Central Issuing Facility (CIF) or the unit supply room. These uniforms will be turned in upon your return from convalescent leave. Check with your command to inquire about specifics.

Education:

You are encouraged to participate in childbirth education programs offered at your facility. Childbirth education may include birthing classes, infant care information, breast-feeding education, exercise during pregnancy, and tours of the birthing unit and postpartum areas. Visit your local Medical Treatment Facility (MTF) and see what they have to offer.

Pregnancy profile:

Upon confirmation of your pregnancy (by examination or a lab test), you will be provided a physical profile that is effective for the duration of the pregnancy. Activities that are acceptable during pregnancy are specifically noted in the profile and include: specific stretching, aerobic conditioning at own pace, lifting up to 15 lbs, wearing a helmet, and carrying a rifle.

Although you are exempt from regular physical training (PT) and testing during your pregnancy, you are encouraged to participate in a pregnancy PT program, if available. Currently there is no standardized Army-wide PT program for pregnant and postpartum soldiers. However, many installations do have programs available. Obtain your health care provider's approval for any proposed exercise.

Additional limitations:

In addition to the physical profile, there are additional limitations regarding pregnant soldiers outlined in the Office of the Surgeon General, Memorandum dated 23 May 2001, *Pregnancy and Postpartum Physical Profiles*:

1. Except under unusual circumstances, the soldier will not be reassigned to or from CONUS during pregnancy. She may be reassigned within CONUS. A physician must clear the soldier prior to any reassignment.
2. An occupational history will be taken at the first visit to assess potential exposures in the soldier's work area. An occupational medicine physician or nurse usually performs this task. Listed are specific occupational concerns/limitations:
 - a. No duty where nausea, easy fatigue, or sudden light-headedness would be hazardous to the soldier or others, to include aviation duty, Classes 1/1A/2/3 and work on ladders or scaffolding. The soldier may be granted permission to remain on flight status with approval by physician and Advanced Training Course supervisor.
 - b. No duty with frequent or routine exposures to military fuels, (mogas, JP8, JP4) fuel vapors and/or handling.
 - c. No indoor weapons training due to airborne lead concentrations and bore gas emissions.
 - d. No work in motor pool where the soldier would be routinely exposed to potential hazards. This does not apply to pregnant soldiers who perform infrequent preventive maintenance checks and services (PMCS) on vehicles or to those pregnant soldiers who work in adequately ventilated areas adjacent to the motor pool (i.e. administrative offices).

- e. Avoid excessive vibrations, example: Driving in large (greater than 1¼ ton) ground vehicles on unpaved surfaces.
- 3. Exempt from all immunizations except influenza and tetanus-diphtheria.
- 4. Exempt from exposure to chemical and riot control agents, wearing load-bearing equipment to include web belt, and wearing MOPP gear at any time.
- 5. Duty:
 - a. Can work shifts and continue to perform military duty until delivery. Soldiers with complicated pregnancies may have their duty modified by their health care provider.
 - b. At 20 weeks of pregnancy:
 - Exempt from parade rest or standing at attention for longer than 15 minutes.
 - Exempt from swimming qualifications, drown proofing, field duty, and weapons training.
 - Exempt from riding in or driving vehicles larger than light medium tactical vehicles (hazards from falling).
 - Exempt from all PMCS duties.
 - c. At 28 weeks of pregnancy, in addition to the above:
 - 15 minute rest period every 2 hours
 - Duty day not to exceed 8 hours. Workweek not to exceed 40 hours.
 - Duty day begins with reporting for formation or duty and ends 8 hours later.

Convalescent leave:

Will be determined by attending physician following delivery. The usual time allotted is 42 days following a normal pregnancy and delivery. The physician also determines the amount of convalescent leave following other than a normal pregnancy and delivery (i.e. elective or spontaneous abortions, complications).

Postpartum profile:

Prior to leaving the hospital, your doctor will provide you with a postpartum profile. This temporary profile will be for 45 days beginning on the day of delivery and allows for PT at your own pace. Participation in a postpartum PT program is encouraged to assist you in returning to required fitness standards and transitioning back to unit PT.

Annual Physical Fitness Test (APFT):

You are exempt from the APFT during pregnancy and for 180 days following delivery. At the end of 180 days, you will take a record APFT. Your unit may have you take diagnostic APFTs in preparation for the record test.

Miscellaneous administrative details:

Family Care Plan: Talk to your unit chain-of-command to insure that you have a family care plan in place taking the new addition to your family into consideration.

DEERS:

Soon after discharge from the hospital, you must stop by your personnel office or the nearest DEERS office to enroll your baby in DEERS. While at the Military Personnel Office (MILPO), take time to update your SGLI and DD93 (Emergency Data Sheet).

TRICARE:

After enrolling in DEERS, you will be given the necessary forms for your baby's enrollment into TRICARE. Complete these forms and take to your nearest TRICARE office.

Finance:

Notify the Personnel Administration Center (PAC) of your new dependent.

Both parents active duty:

Both parents will need to update your SGLI and DD93. Only the sponsor needs to enroll the baby in DEERS, TRICARE, and notify PAC of new family member.

Congratulations again on the exciting road ahead of you. Hooah!

References:

Office of the Surgeon General Memorandum dated 23 May 2001, *Pregnancy and Postpartum Physical Profiles*

<http://chppm-www.apgea.army.mil/dhpw/Readiness/PPPT.aspx>

Comment: Click last link Current Pregnancy Profile Information

Provides a succinct summary of the information contained in the specific references listed below.

AR 40-501 *Standards of Medical Fitness*, Pregnancy and Postpartum Profiles

AR 614-30 *Assignments, Details, and Transfers*, Overseas Service in Pregnancy

AR 600-8-10 *Leaves and Passes*, Postpartum Convalescent Leave

<http://www.usapa.army.mil>

Comment: Navigate through Official Documents, Army Administrative Publications

Details considerations in pregnancy.

DOD Directive 1308.1 *DoD Physical Fitness and Body Fat Program*

<http://www.dtic.mil/whs/directives/corres/html/13081.htm>

Comment: Outlines postpartum exception to standard of fitness/body fat.

Active Duty Information - Navy/Marine Corps

Congratulations!

Expecting a baby is a wonderful, albeit daunting experience. And, of course, coordinating your life as a mother and as a member of the Navy/Marine Corps presents unique challenges. Your Navy health care team is ready to provide you with exceptional healthcare, as well as the information, education, and support you will need, as you take this journey which will culminate in the delivery of a healthy infant and your healthy return to duty.

As you embark upon your journey and whether you deliver your baby at a Military Treatment Facility (MTF) or a civilian facility, please keep in mind that when a servicewoman receives confirmation of a pregnancy, she is responsible for notifying her commanding officer (CO) of her diagnosis within a designated timeframe. The health care provider will need to provide you with a completed Pregnancy Notification Form for use in notifying your CO. This Form will identify three timeframes: Estimated Date of Confinement (EDC), the 20th week of pregnancy, and the 28th week of pregnancy. These dates are used by your command for planning purposes. The OPNAVINST 6000.1 and MCORDER 5000.12 Series provide guidance and detailed information regarding assignments and rest periods in relation to a servicewoman's pregnancy timeline. Navy and Marine Corps servicewomen are encouraged to consult their health care providers during the course of their pregnancy and recovery for guidance and support as they encounter work-related and healthcare issues that will require decision-making.

Useful policy references:

OPNAVINST 6000.1 Series: Guidelines Concerning Pregnant Servicewomen

MARINE CORPS ORDER 5000.12 Series: Marine Corps Policy on Pregnancy and Parenthood

MARINE CORPS ORDER P6100.12 Series: Marine Corps Physical Fitness Test and Body Composition Program Manual

OPNAVINST 6110.1 Series: Physical Readiness Program

OPNAVINST 1740.4 Series: U.S. Navy Family Care Policy

MARINE CORPS ORDER 1730.13 Series: Family Care Plans

NAVMEDCOMINST 6320.3 Series: Medical and Dental Care for Eligible Persons at Navy Medical Department Facilities

Internet references:

<http://navymedicine.med.navy.mil/>

<http://www.hqmc.usmc.mil/hqmcmain.nsf/frontpage>

<http://www.bupers.navy.mil/>

Active Duty Information - Air Force

Congratulations!

Whether you are pregnant for the first time or are an experienced mother and whether your pregnancy was expected or a bit of a surprise, we want your pregnancy to be healthy, happy and successful. Pregnancy for anyone, let alone women on active-duty in the military, can be a challenging experience. The Air Force has joined our sister services to create a plan of care, based on the best available current medical evidence, that will maximize your chances of a successful pregnancy. Our goal is to provide you with the care and education that you need to take home a healthy baby and be optimally prepared to care for your new addition. After all, your baby will be a new member to our Air Force family.

The plan of care and educational materials that are associated with these pregnancy guidelines as well as the requirements/limitations listed on your pregnancy profile will serve as a framework for your care during your pregnancy. There may be occasion to deviate from these guidelines due to your specific circumstances, potential pregnancy complications, local practices, and new medical information. Please remember that these are guidelines and are not a substitute for specific recommendations made by a qualified obstetric care health care provider.

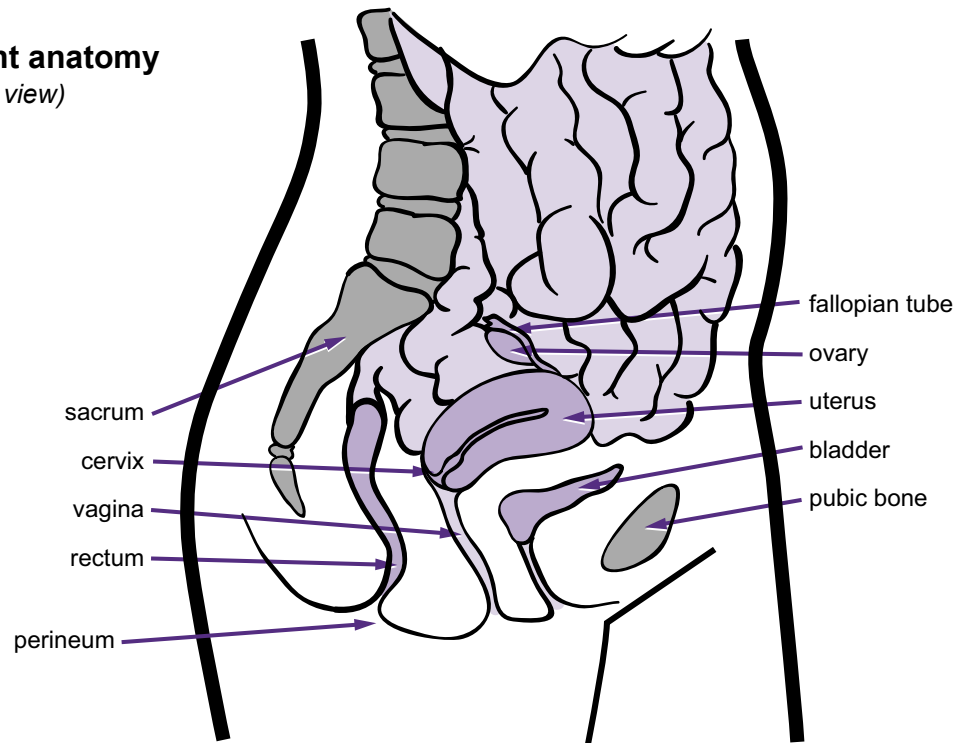
At your first visit with your obstetrical care health care provider, you should receive a document (pregnancy profile) that outlines some requirements and limitations regarding your activity during your pregnancy. As an Air Force service member, it is your responsibility to notify your supervisor regarding your pregnancy soon after pregnancy is diagnosed, and make sure that your supervisor gets a copy of the profile as soon as you receive it (AFI 48-123).

The pregnancy profile limits requirements for physical training, body weight requirements and environmental exposures. During your pregnancy and for at least six weeks following delivery, you are not worldwide qualified and must be removed from mobility status. Some of the limitations on your activity and military requirements extend as far as six months beyond your delivery. Although you are not required to perform formal physical training or weigh-ins, we strongly encourage you to eat a healthy diet and perform moderate exercise during your pregnancy. Appropriate exercise, healthy diet, tobacco cessation, labor and delivery, and new moms classes and other programs, specifically designed for pregnant women, are available on most military facilities. We encourage you to take advantage of these programs as well as some of the many other activities and resources that are available to you during your pregnancy.

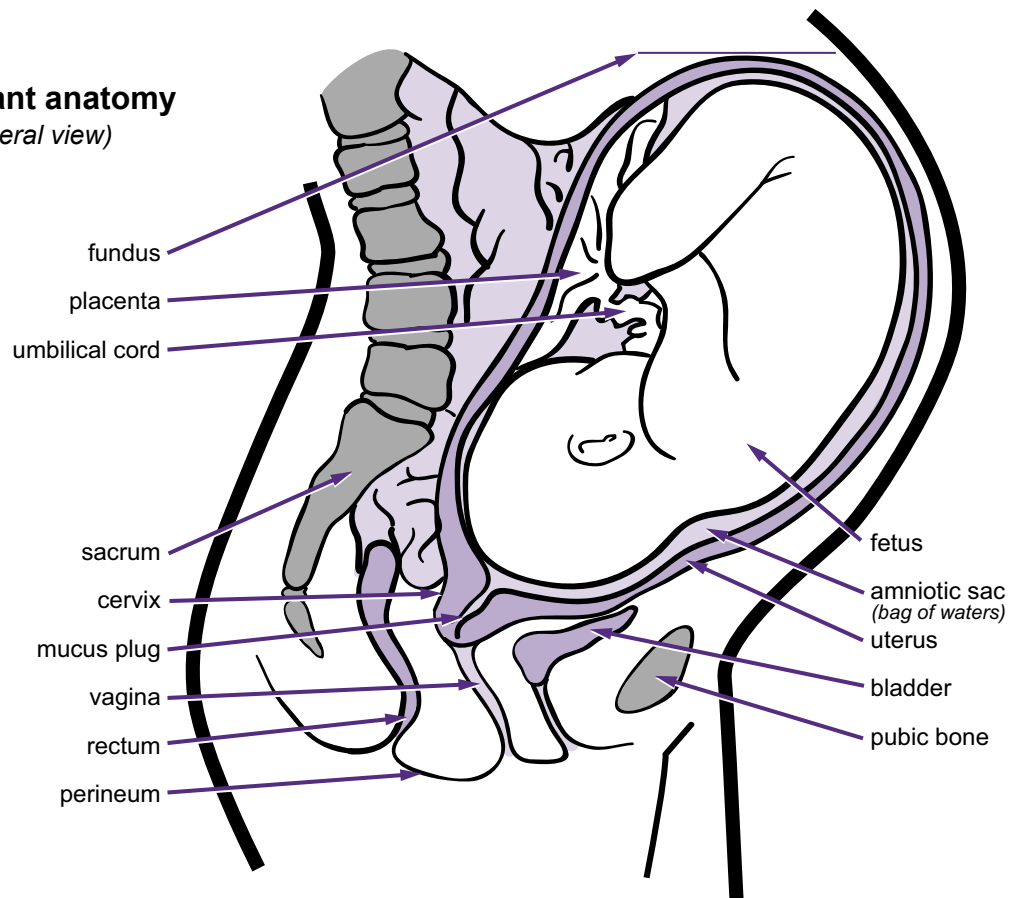
We suggest you be cautious about information and advice you may receive from family members, friends, the internet or from other outside sources. While most of these sources are well-meaning and may provide important support, bad advice and inaccurate information is common. Please make sure to discuss your specific concerns with your health care provider.

Where possible, we encourage you to involve your baby's father or other important support person in your care. You are most likely to have a good outcome if you have a close, cooperative and positive interaction between you, your partner and your health care provider. Once again, congratulations. We look forward to serving you.

Pre-pregnant anatomy (lateral view)



Pregnant anatomy (lateral view)



Common Discomforts & Annoyances of Pregnancy

All these discomforts/annoyances are a normal part of pregnancy and will end eventually. Try the hints given below. If you don't get relief, talk to your doctor, midwife or nurse about other possible measures to try.

Discomforts of Pregnancy

Discomfort	When	What you can do to help
Ankle/foot swelling	Second trimester till end	<ul style="list-style-type: none"> Wear comfortable shoes or sandals and avoid high heels. While sitting, prop your feet up (even a few inches up helps) and don't cross your legs. Continue drinking lots of fluids.
Breast tenderness	Begins early and continues	<ul style="list-style-type: none"> Wear a good support or athletic bra day and night. Soak in a warm bath.
Breast leakage	Begins during the second trimester	<ul style="list-style-type: none"> Wear breast pads that don't have any plastic linings. Avoid harsh soaps, creams or ointments.
Bleeding gums	Throughout	<ul style="list-style-type: none"> Use very soft tooth brush and gently brush teeth. Get routine dental care.
Constipation	Second trimester until the end	<ul style="list-style-type: none"> Eat foods high in fiber (bran cereal, green leafy vegetables, whole grain breads, fruits) every day. Drink lots of fluids to include: soups, milk, water, and fruit juices, especially prune juice. Exercise each day. Walk after meals. Avoid laxatives and enemas unless prescribed by your doctor or midwife.
Contractions (Braxton-Hicks)	After 20th week	<ul style="list-style-type: none"> Lie down on your left side for about 20 minutes. Drink two to three glasses of juice or water. Walk around.
Dizziness	As your uterus enlarges	<ul style="list-style-type: none"> Get up from lying down slowly. Do not go too long between meals and carry healthy snacks with you. Drink lots of fluids. If you get dizzy, lie down on your side or bend forward with your head down close to your knees.

Table continued on next page.

Discomforts of Pregnancy (cont.)

Discomfort	When	What you can do to help
Enlarging belly and breasts	Second half of pregnancy	<ul style="list-style-type: none"> • Sleep on your side with a pillow between your legs and lower abdomen. • Wear loose, comfortable clothing. • Wear a supportive bra even to bed.
Fatigue or tiredness	Early in pregnancy and again in the last month	<ul style="list-style-type: none"> • Take extra naps during the day if possible. • Continue exercise but not to the point of exhaustion. • Try to get at least 8 hours sleep a night.
Flatulence	Anytime, especially after 20 weeks	<ul style="list-style-type: none"> • Try to schedule your daily bowel movement. • Avoid gas-forming foods such as beans, cabbage and sodas. • Increase bulk and water to diet. • Increase exercise.
Food cravings	First half of pregnancy	<ul style="list-style-type: none"> • OK to indulge a bit as long as diet is otherwise healthy and food choice is not harmful.
Frequent urination	Begins early, gets better mid-pregnancy, then increases towards the end of pregnancy when baby drops.	<ul style="list-style-type: none"> • Know where the bathrooms are when out and about. • Don't cut back on fluids. • Expect to make many trips to the bathroom, day and night. • Avoid drinking lots of fluids before bedtime.
Headaches	First half	<ul style="list-style-type: none"> • Avoid eyestrain. • Frequent eye rests and computer breaks. • Use mild analgesics as directed. • Avoid aspirin and other pain medications, unless you have discussed their use with care health care provider.

Table continued on next page.

Discomforts of Pregnancy (cont.)

Discomfort	When	What you can do to help
Heartburn	Second trimester till end	<ul style="list-style-type: none"> • Eat more frequent and small meals. • Eat slowly and chew your food well. • Avoid deep fried, greasy, and spicy foods. • Drink fluids between your meals. • Go for a walk after meals. • Avoid lying down right after eating. • Antacids, as directed, are safe and effective.
Hemorrhoids	Anytime	<ul style="list-style-type: none"> • Avoid constipation. • Apply cold witch hazel pads or hemorrhoid ointment. • Do your Kegel exercises. • Take sitz baths.
Increased perspiration	Anytime	<ul style="list-style-type: none"> • Increase fluids. • Easily washable, comfortable, loose fitting clothing • Good hygiene
Increased saliva	First trimester	<ul style="list-style-type: none"> • Gum and hard candy– watch excess calories • Mouthwash • Avoid starches.
Increased vaginal discharge	Throughout pregnancy	<ul style="list-style-type: none"> • Wear cotton underwear. Don't wear sanitary napkins or mini pads. • Avoid nylon panty hose, feminine hygiene soaps or sprays. • DON'T douche. • Inform your health care provider immediately, if your vaginal discharge is yellow or greenish, thick and cheesy, or has a strong fish-like odor or if there is soreness, itching or burning.
Insomnia	Anytime but especially last trimester	<ul style="list-style-type: none"> • Try a warm bath prior to bed. • Do not have stimulating activity before bed. • Use relaxation techniques. • Get in a comfortable position to sleep: place pillows between legs and under lower abdomen.

Table continued on next page.

Discomforts of Pregnancy (cont.)

Discomfort	When	What you can do to help
Leg cramps	Second half of pregnancy	<ul style="list-style-type: none"> • Try eating a banana every day. • When you get a leg cramp: Stand up on flat surface or point your ankle and toes as if you were standing or try walking or curling your toes.
Ligament pain (sharp pulling sensation on either side of the lower abdomen)	Increases with increasing uterine size	<ul style="list-style-type: none"> • Support your weight with your hands when changing positions. • Move slower. • Mild analgesic may help. • Apply ice to affected side. • Use maternity girdle/belt. • Lean back in a slant position supporting your back with your knees bent.
Light headed & dizziness	Begins early and continues	<ul style="list-style-type: none"> • Stop what you are doing and lie on your left side with your legs up for short period of time. • Get up slowly from a lying down position.
Low backache	Second half of pregnancy	<ul style="list-style-type: none"> • Good body mechanics helps: <ul style="list-style-type: none"> – Keep your back straight and your head up. – Avoid bending at the waist to lift things. – Wear comfortable flat shoes– No high heels! – Don't stretch to reach high places. – Avoid prolonged standing. – Keep one foot on a stool with leg bent. • Move about frequently. • Get back rubs. • Use a firm mattress or put a board under your mattress. • Do pelvic rock exercises to strengthen your back.

Table continued on next page.

Discomforts of Pregnancy (cont.)

Discomfort	When	What you can do to help
Nasal stuffiness & bleeding	1 st trimester and again at term	<ul style="list-style-type: none"> • Use humidifier/vaporizer if air is dry. • Can use Over the Counter (OTC) decongestant such as Pseudoephedrine as directed. • Use a saline nasal spray. • Avoid using nasal decongestant sprays. • If your nasal stuffiness occurs often and is difficult to control, tell your health careprovider. • Blow your nose gently.
Nausea (Morning Sickness)	Occurs in early pregnancy and usually improves after first trimester.	<ul style="list-style-type: none"> • Nibble some crackers before getting up in the morning and when you are feeling queasy. • After getting up in the morning, wait an hour to drink any liquids. • Eat small snacks throughout the day instead of big meals. • Avoid any strong odors. • Drink liquids between meals rather than with meals. • Stay away from greasy, smelly or spicy foods. • Chew gum and suck on hard candy. • Sip on room temperature Ginger ale or clear sodas. • Sit and put your head down between your legs. • Talk to your health care provider if your symptoms continue.
Varicose veins	Increase as pregnancy increases	<ul style="list-style-type: none"> • Put support hose, ace wraps or elastic stockings on in bed before lowering feet down. • Avoid tight clothing. • Avoid crossing legs. • Good posture
Vision changes	Throughout pregnancy	<ul style="list-style-type: none"> • Don't buy a new prescription for your glasses, as you will probably return to pre-pregnant vision after delivery. • Take frequent eye breaks. • May not be able to wear contact lenses during pregnancy

References:

Partners for a Healthy Baby: Home Visiting Curriculum for Expectant Families,
 Florida State University Center for Prevention and Early Intervention Policy, 1999
 Williams OB, Cunningham, MacDonald and Gant, 18th Ed. 1989
 Varney's Midwifery, 3^d edition

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Start time												
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Counting your baby’s movements is an excellent way of knowing that your baby is doing well. It is also a great excuse for you to get off your feet, relax and get in touch with your baby. You should begin counting your baby’s movements when he or she is usually most active and you have time to concentrate. Begin your count around the same time each day and start by lying down on your left side with hands over your uterus. Write the time you begin your counts on the chart in the “start time” row. Also write down the date in the top row marked ‘date’ and the number of weeks you are pregnant in the bottom row. Count 10 distinct movements and note how long it took, i.e. 15 minutes, two hours, whatever time it took. Put an “X” in the time box closest to the total time it took for your baby to move 10 times.

If you have not felt 10 movements in two hours you will need to be monitored in Labor & Delivery to make sure your baby is OK. You may want to call Labor and Delivery to tell them you are on your way (but don’t let the phone call delay you from going in). In most cases your baby is just fine, but it is always better to be safe than sorry.

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Immunizations:

Immunizations offer protection against certain diseases and are usually given during our childhood. Some immunizations can be given during pregnancy while others cannot. You will be screened for several of the diseases that you (and your unborn baby) might be at risk for. This screening is through blood tests (Rubella, Hepatitis B) or through your childhood disease history (measles, mumps, chickenpox) or immunization history (tetanus). It is important to know if you are protected against these diseases and, if not, what can be done to decrease your risk of getting a disease. If you are at risk for any of the diseases screened for, immunization will be offered during your pregnancy (if safe) or immediately after the baby is born. If you cannot avoid travel to foreign countries during your pregnancy, talk to your health care provider to see what can be done to lessen your risk from other diseases such as yellow fever and malaria.

Immunizations

Vaccine/Disease	Screening for Immunity	Affects of Disease on baby	Use in Pregnancy
MMR: Measles, Mumps and Rubella- (<i>German Measles</i>)	Childhood disease history obtained at first visit. Rubella screened through a blood test at initial visit.	Measles: increased risk of miscarriage and may possibly cause birth defects. Mumps: increased risk of first trimester miscarriage. Rubella: Severe congenital defects especially when disease occurs early in pregnancy.	Immunization is not safe during pregnancy. Avoid gatherings of young children and people with disease while pregnant. Receive immunization after delivery and use birth control for three months after delivery.
Influenza: Flu	None	Possible increase in miscarriages	Safe to use in pregnancy
Hepatitis B	Screened through a blood test at initial visit	Possible increase in miscarriage and preterm birth, neonatal hepatitis infection	Safe to use in pregnancy for women at high risk of exposure such as laboratory personnel, etc.
Tetanus-diphtheria	Tetanus shot/ booster required every 10 years.	60% fetal death	Safe in pregnancy
Varicella (<i>chicken pox</i>)	Childhood disease history obtained at first visit.	Increased deaths during first few weeks of birth.	Safe for women exposed to varicella during pregnancy

Varney's Midwifery, 3rd Edition 1997, Jones and Bartlett Publishers, Boston

Williams Obstetrics, 18th Edition 1989, Cunningham, MacDonald, Gant. Appleton & Lange, San Mateo California

Nutrition in Pregnancy

What you eat effects your baby's development! Make sure each and every mouthful you take in is what you want your growing baby needs. You need to avoid harmful things such as alcohol, cigarettes, certain medications and all junk food. Concentrate on taking in good foods like milk, fruits and vegetables through a healthy diet.

A few basic pregnancy dietary rules to follow are:

1. Drink at least 8 glasses or 2 quarts of water each and every day.

2. Eat 70-90 grams of protein each day.

Examples of a serving of protein-rich foods include:

- 4 oz. of chicken has 33 grams of protein.
- 4 oz. hamburger has 27 grams of protein.
- ½ cup kidney beans has 20 grams of protein.
- 1 oz. nuts has 5-6 grams of protein.

3. Eat high-quality carbohydrates and small amounts of fats every day. Both are needed for energy and hormone production.

Examples of high-quality carbohydrates include:

- Fruits
- Vegetables - especially peas and beans
- Whole-grains

Examples of high quality fats include:

- Liquid vegetable oils or olive oil in small amounts.

4. Make sure you are taking in adequate vitamins and minerals each day.

Calcium: Required for fetal bone, teeth, nerves, heart and muscle development and prevention of osteoporosis later in life. Foods rich in calcium include: all dairy products, turnips, mustard greens and broccoli (need 1200 to 1500 mg. daily).

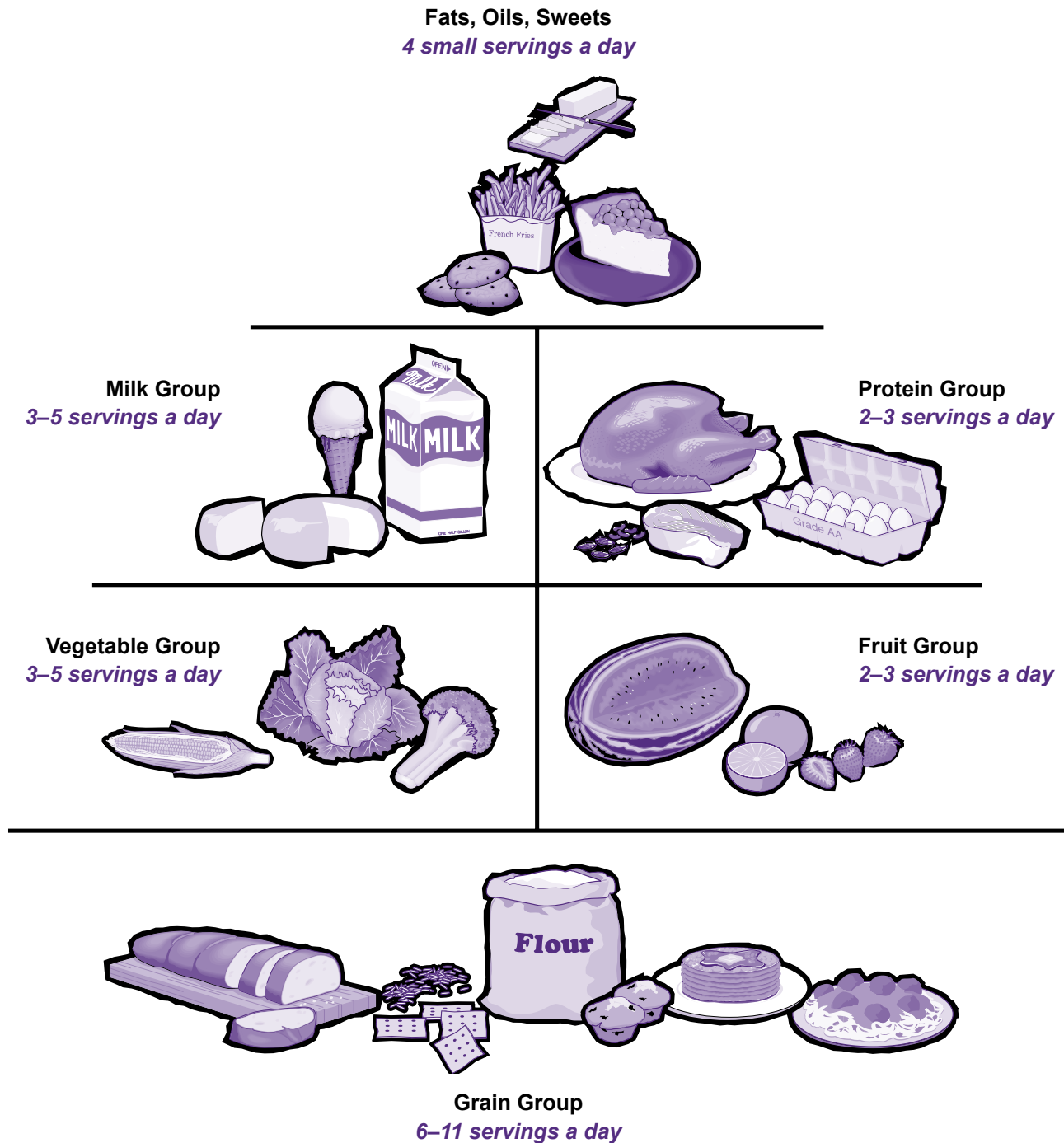
Folate: A B-vitamin shown to reduce birth defects of the spinal cord and brain. It is found in many fortified cereals, citrus fruits, organ meats and dried peas and beans. Try to eat washed vegetables raw. Keep your fresh fruits refrigerated. The folate found in vegetables is destroyed in cooking water, try steaming or stir-frying rather than boiling them. The folate content of dried beans and peas, however, is not destroyed with cooking (need 0.6 mg/or 600 micrograms of folate a day).

Iron: The increased amount of iron your body requires is dependent on how much iron you have stored. Your current level of iron will be tested through a blood test in the beginning of your pregnancy. To help absorb the iron you are eating, take in Vitamin-C (citrus fruits) at the same time. If you are not taking in the daily recommended vitamins and minerals, you should take vitamin supplements.

5. Read all labels for nutrient content.
6. Avoid raw or undercooked fish (sushi), meat, poultry, eggs and hot dogs.
7. Avoid swordfish, shark, king mackerel and tile fish.
8. Avoid raw sprouts, unpasteurized juices, milk and soft cheeses such as Brie, Feta, and Roquefort.

Remember what you eat does count.

Food Guide Pyramid: A Guide to Healthier Eating

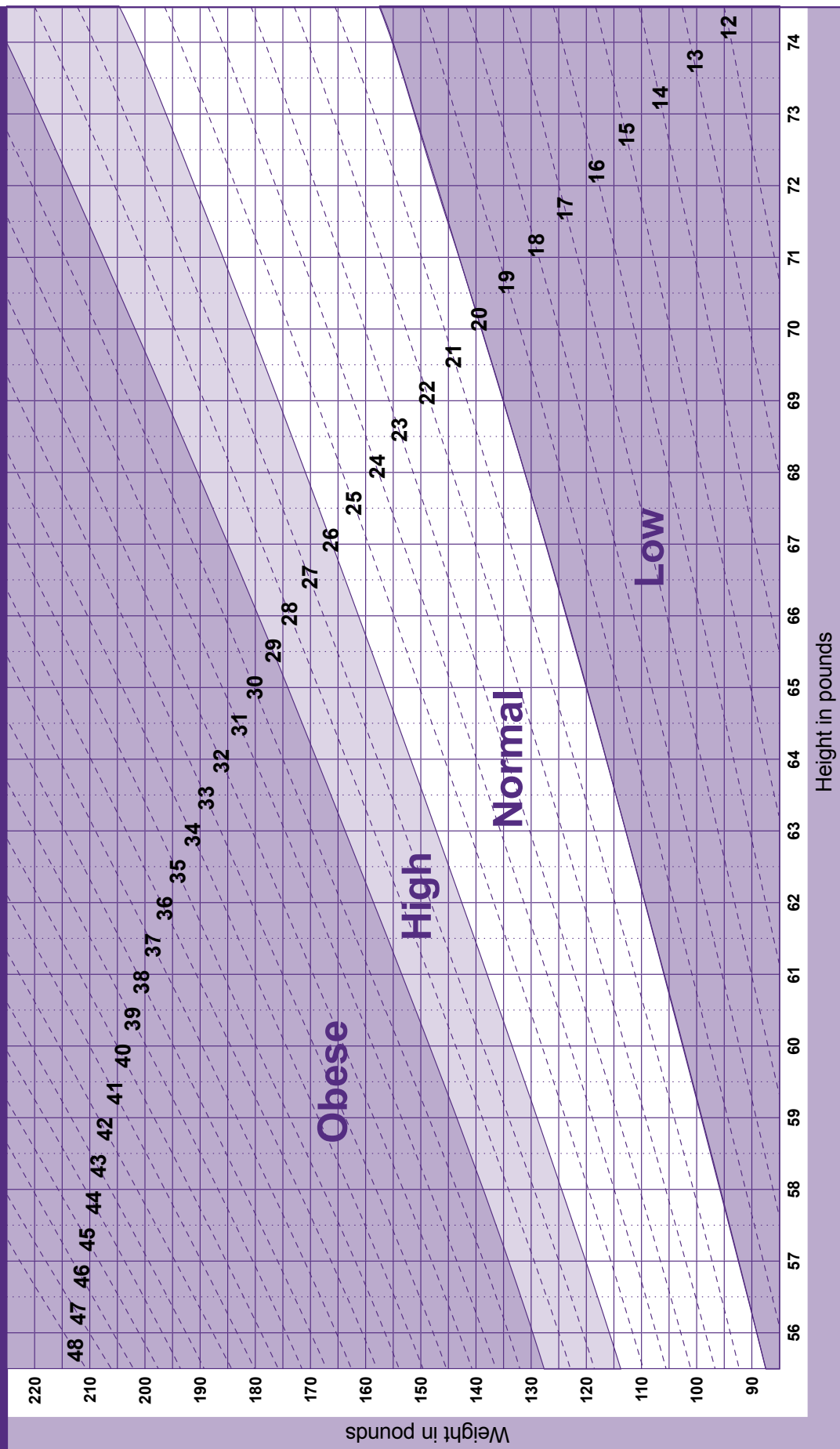


Calcium: Need 1200 – 1500 mg/day (1 cup milk or yogurt: 320 mg; 1 cup turnip greens: 94 mg)

Folate: Need 0.6 mg/day (1 cup orange juice: 0.1 mg. and 1 cup cereal: 0.47 mg.) read labels.

Iron: Need 30 mg/day (3 oz beef liver or 1 tablespoon molasses: 5 mg; 1 cup enriched cereals: 1–16 mg) read labels.

Chart for Estimating Body Mass Index (BMI) Category and BMI (Pounds and Inches)

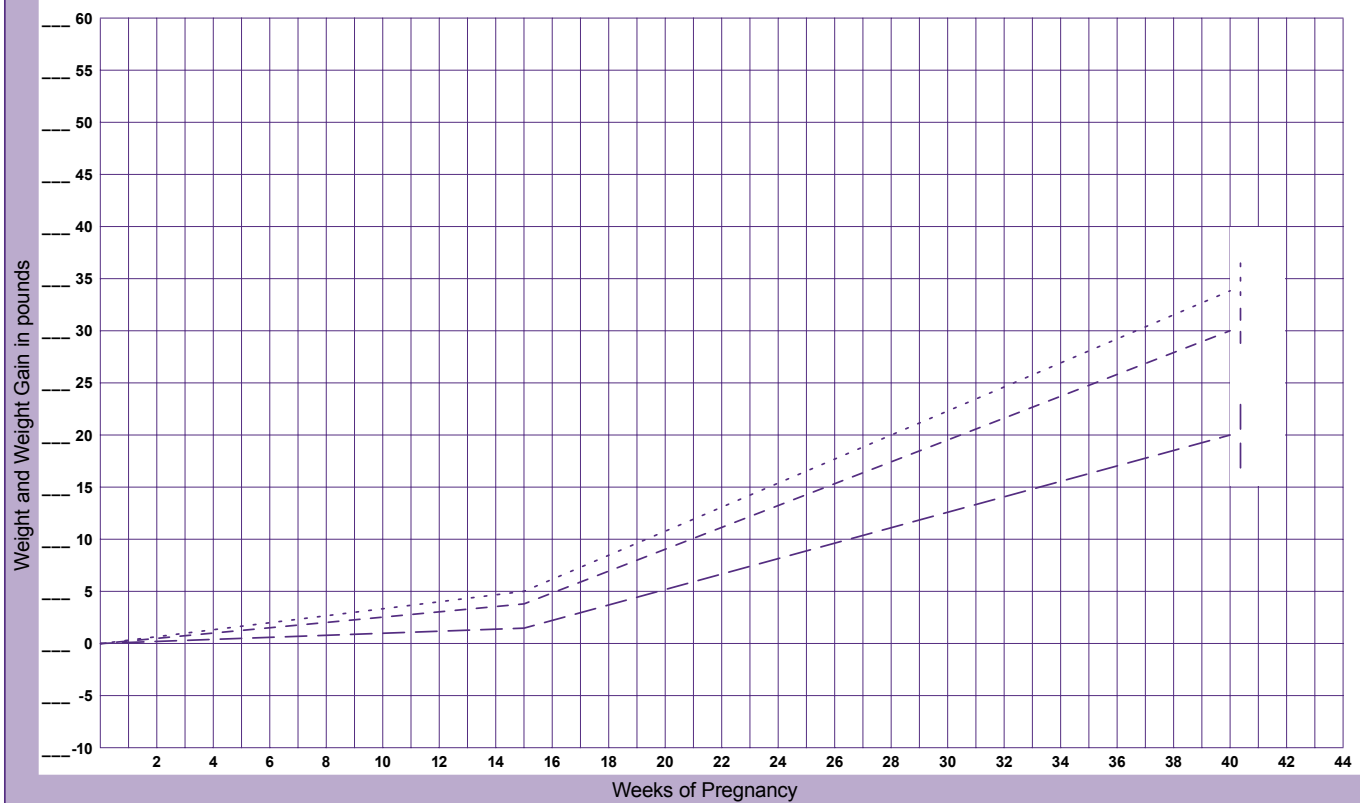


Directions:

- To find BMI category (e.g., obese), find the point where the woman's height and weight intersect.
- To estimate BMI, read the bold number on the dashed line that is closest to this point.

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Prenatal Weight Gain Chart in Pounds



Key:

- Prepregnancy BMI < 19.8 (- - - - -)
- Pre-pregnancy BMI < 19.8–26.0 (normal body weight) (- - - - -)
- Pre-pregnancy BMI > 26.0 (— — — —)

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Weight Record

Date	Weeks of Gestation	Weight	Notes

Sexually Transmitted Diseases (STDs) & Pregnancy

Sexually transmitted diseases affect one in four Americans at some time in their life. During your pregnancy you will be tested for several of the STDs and treated if needed. Many of the STDs require that you and your partner be treated to avoid re-infection.

STDs can cause serious harm to your baby if left untreated. Most STDs can be treated during pregnancy, but treatment does not prevent you from becoming infected again or being infected with a new STD during this pregnancy. Using condoms and avoiding sexual contact with an infected person can help protect you against STDs. If at anytime during your pregnancy you think you have been exposed to an STD or have any symptoms of an STD (vaginal itching, odor or abnormal discharge) let your care health care provider know. You will be tested and treated.

This list is alphabetically arranged and includes some of the more common and more potentially harmful STDs. This does not cover all of them, as there are over twenty known STDs.

Chlamydia:

Possible affects on baby: Baby has a 20-50% chance of becoming infected while passing through the birth canal resulting in a pneumonia or eye infection.

Signs and symptoms of infection: More than 50% of all infections are without symptoms. You can experience burning on urination or unusual vaginal discharge.

Treatment: Antibiotic pills for you. Antibiotic ointment to baby's eyes at birth.

Testing: Cervical culture at the time of your initial pap smear.

Gonorrhea (Drip, clap, dose):

Possible effects on baby: Baby can become infected as it is passes through the birth canal. This infection can result in conjunctivitis (redness of the eye), blindness and/or a serious generalized infection.

Signs and symptoms of infection: Burning on urination, unusual vaginal discharge or no symptoms at all.

Treatment: Antibiotic pills for you and an antibiotic ointment for the baby's eyes at birth.

Testing: Cervical culture at the time of your initial pap smear..

Genital warts:

Possible affects on baby: Baby can get laryngeal papillomas (benign tumors on the vocal cords) from passing through an infected birth canal.

Signs and symptoms of infection: Skin tags or warts that can be small or large, soft or hard, raised or flat, single or in clusters like cauliflower.

Treatment: Usually delay treatment until after delivery but may be removed in pregnancy if absolutely necessary. If large enough to block the birth canal, you may need a Cesarean Section.

Testing: Let your health care provider know if you think you have warts.

Hepatitis B:

Possible affects on baby: Can pass to your baby during the pregnancy resulting in liver damage and risk of death.

Signs and symptoms of infection: You often have no symptoms. You can have yellowing of the skin and eyes, loss of appetite, nausea, vomiting, stomach and joint pain or extreme tiredness.

Treatment: Vaccine, immune globulin and a baby bath after delivery can help protect baby from getting infection.

Testing: Blood test at initial visit.

Herpes Simplex Virus (Herpes):

Possible affects on baby: Can be transmitted to baby during delivery if mother has blisters near term. Can cause severe disease and death of newborn but transmission is extremely rare, even with vaginal births.

Signs and symptoms of infection: Fluid-filled sores in the genital area that may itch, burn, tingle or cause pain

Treatment: If active infection occurs at or near your delivery date, you may need Cesarean Section within 4-6 hours of your bag of waters breaking.

Testing: Tell your health care provider immediately if you think you have an outbreak (looks like warts). Cultures of the blisters can be done.

Do not treat yourself while pregnant! No special testing is needed.

HIV (AIDS):

Possible affects on baby: Pass infection to baby while pregnant, during birth or through breast-feeding. Can cause serious complications and death to baby.

Signs and symptoms of infection: Often times no symptoms of HIV.

Treatment: Medication called AZT® can decrease transmission to baby.

Testing: Blood test at initial visit.

Syphilis (Syph, pox, bad blood):

Possible affects on baby: Miscarriage, stillbirth or damage to baby's bones, teeth and brain.

Signs and symptoms of infection: Painless sores in genital area.

Treatment: Antibiotics for the mother.

Testing: Blood test at first visit.

Trichomonas (Trich):

Possible affects on baby: May increase chance of pre-term labor.

Signs and symptoms of infection: Common in pregnancy. You may have an increase in odorous, thin or thick, white, yellow-green/gray vaginal discharge with itching.

Treatment: Flagyl® pills can be given safely after the first trimester.

Testing: Tell your health care provide. Your vaginal discharge will be examined under a microscope.

Yeast (Candidiasis):

Possible affects on baby: Baby can get a mouth infection (thrush) while passing through an infected birth canal

Signs and symptoms of infection: Vaginal itching or burning pain, which increases with urination and sex. Can also occur without sexual transmission. More common in pregnancy.

Treatment: Vaginal creams or suppositories. Nystatin® for baby.

Testing: Let your health care provider know if you are experiencing any symptoms. A vaginal secretion sample will be looked at under the microscope.

References:

Partners for a Healthy Baby: Home Visiting Curriculum for Expectant Families

1999 Florida State University Center for Prevention and Early Intervention Policy

Sexually Transmitted Diseases, WA state department of health, Office of SED Services, Oley, WAS DOH pub 347-002.

N. B. - Listing of medications/drugs does not represent endorsement by VA/DoD

Testing & Monitoring During Pregnancy

At each of your goal-centered visits, your health care provider will be monitoring the health of you and your baby through a variety of techniques. These techniques include blood pressure checks, uterine growth measurements, your weight and detailed questioning of your activities, feelings and eating patterns. These assessments can reassure both you and your health care provider that you and your baby are doing well.

Another means of checking your baby's health is through a variety of fetal tests. One such test is the Fetal Movement Count. Beginning at 28 weeks, your health care provider will instruct you on how to count the baby's activity through fetal movement counts. As long as your baby's activity stays above the minimum ten movements in two hours or doesn't drastically decrease you can be assured that the baby is doing fine. Other tests such as Non-Stress Testing and measuring the amount of your amniotic fluid (bag of waters) by ultrasound are routinely begun on all women at 41 weeks. This is the time when the placenta is starting to age and may not be able to meet all the baby's needs. In addition, mother's tests such as Biophysical Profiles and Contraction Stress tests are used if more information is needed in certain situations due to either mom's or baby's health.

Fetal testing includes:

- Ultrasound exams
- Fetal Movement Counts
- Amniotic fluid measurement
- Contraction Stress Tests
- Non-Stress Tests
- Biophysical Profile

Ultrasound exams:

Ultrasounds give a picture of your baby through the use of high-frequency sound waves that bounce off solid structures to create a black and white image. Ultrasounds are most commonly used to determine the baby's due date, check for twins, measure amniotic fluid volume, determine the baby's size, check the condition of the placenta and screen for some major congenital abnormalities. Not all obstetrical care providers in the U.S. offer routine ultrasounds to their clients. We, at the Department of Defense, believe that ultrasounds provide more accurate due date information and thus may be able to decrease the incidence of labor inductions and increase the detection of serious fetal problems, multiple gestations, and women at risk for placenta problems. Sometimes when doing an ultrasound exam the sex of your baby is obvious, but this is not always the case. Don't paint the baby's room blue or pink based on ultrasound results alone. If you don't wish to know your baby's sex, let your ultrasonographer know before the exam starts. The decision to undergo an ultrasound evaluation is entirely up to you. Ultrasounds have been used safely in obstetrics for over 25 years but there is always the remote possibility that some risk may be found in the future. If you do decide to have an ultrasound, you may want your partner to join you for your baby's first picture!

Fetal Movement Counts:

Fetal Movement Counts are a quick, easy and inexpensive way for you to know your baby is doing well. Studies show that by recording baby's movement on a daily basis and reporting decreased movement, fetal death rates can be significantly reduced. Most authorities recommend starting fetal movement counting at 28 weeks of pregnancy. Remember to call your health care provider or Labor and Delivery if your baby has had less than ten movements in two consecutive hours or any noticeable decrease. This counting is especially important as your pregnancy progresses.

Non-Stress Tests:

Non-Stress Tests look at your baby's heart rate in response to its movement. Just as your heart rate increases with exercise, so should your baby's if all is going well. An external fetal monitor will be placed across your uterus to measure your baby's heart rate and movements. This is the same type of monitor used in the labor and delivery

room. If your baby's heart rate or movement is not adequate, further testing such as a contraction stress test or ultrasound will be done.

Contraction Stress Test:

The Contraction Stress Test uses the same fetal monitor that a Non-Stress test uses except that now you will be given some contractions and your the baby's response to these contractions will be observed. If the baby reacts poorly to these very mild contractions, he or she may not tolerate real labor well. If the baby tolerates these contractions without difficulty, then, we are reassured that the baby will tolerate labor.

Biophysical Profiling:

Biophysical Profiling looks at your baby's heart rate, breathing, body movements, muscle tone and amount of amniotic fluid through the use of an ultrasound. Each aspect of the test are scored and these scores are added together. The total score helps determine if your baby is safe to remain in your uterus.

Amniotic Fluid Measurement:

Amniotic fluid is measured through use of a limited (focusing in on just one thing) ultrasound. Adequate fluid levels tells us that your placenta is functioning adequately and the baby is doing fine in your uterus.

True versus False Labor

Listed below are some of the differences between true and false labor. If you are not sure what you are feeling try timing your contractions with walking and with rest. If the contractions increase in intensity with walking and don't go away with rest, you are probably having true labor contractions.

True vs. False Labor

Activity	True Labor	False Labor (<i>Braxton Hicks</i>)
Walking	Increases the strength of the contraction. Decreases the rest time between contractions.	Decreases strength of contraction. Increases rest time between contractions.
Strength	Contractions become more painful with time.	Contraction pain doesn't increase.
Timing: frequency & duration	Occur at regular time periods. The time from beginning to end of the contraction increases with time.	Contractions occur irregularly and the duration does not increase over time.
Location of pain	Begins in lower back and spreads to the lower abdomen and sometimes to the legs.	Stays in lower abdomen.
Cervix	Dilates (opens) & effaces (thins out, shortens).	The cervix will change positions to be in line with the vagina (from its previous posterior position) and start a small amount of dilatation and effacement to get you ready for the real thing.
Other signs	Bloody show or mucous tinged with blood occurs as cervix dilates and effaces.	No bloody show unless vaginal exam was recently performed.
Waters	Rupture (break) or leak only occurs in 15% of labors.	Don't break or leak.
Drinking fluids	Won't affect the frequency or duration of your contractions.	Will slow down your false contractions.
Rest	Contractions continue.	Contractions lessen or stop.

What exactly is labor and what does it do?

Labor is the term given to the entire process of bringing your baby into the world. It is certainly well named, for it is without a doubt the hardest work you will ever do. By understanding the process, knowing how to respond in a positive manner and having a good support person, you will be ready to face your labor with confidence and knowledge.

The uterus is a muscular organ marvelously designed to house the growing fetus and, at the appropriate time, to send him or her forth into your arms. During labor, the uterus works as a muscle by contracting and relaxing. Each uterine contraction first softens and shortens your cervix, which is the lower part of your uterus and then opens it to allow birth to occur.

The softening and shortening of your cervix, called effacement, usually begins early in labor or even during the later part of your pregnancy. The opening of your cervix, or dilatation commonly starts when the cervix is already soft and partially shortened or thinned out (effaced). This is especially true if this is your first baby. Women who have had prior babies may dilate a bit first then efface and continue dilatation until delivery.

Contractions are measured from the beginning of one to the beginning of the next to determine the frequency and from start to finish of one contraction to measure length (duration). If you have contractions at 12:00, 12:07, 12:15 and 12:21, then your contractions are 6 to 8 minutes apart. If your contraction begins at 12:00 and ends at 12:01 then your contraction is 1 minute long. They will start out as irregular, short-lasting contractions and progress to regular, intense tightening lasting from 1 to 1½ minutes.

The hardest part of the contraction is at its peak and lasts less than 15 seconds. Remember no matter how hard or painful they feel, they will end, usually in less than 90 seconds. Remember also, that each contraction you have puts you that much closer to holding your baby. There are many ways to cope with the pain of labor contractions and all will be explained in the labor pain section of this book.

Before labor begins:

Anytime after your 20th week of pregnancy, you may feel irregular tightening of your uterus or Braxton-Hicks contractions. As you get closer to actual labor, this 'tightening' will become harder, more regular and last longer. As this happens you may experience several other sensations. These include:

- **Lightening:** When your baby drops down into your pelvis. First time mothers experience this more. Lightening can occur two to three weeks before actual labor begins. You will notice that breathing is a lot easier but you will need to urinate even more frequently. You also may feel an increase in leg cramps, and aching in your thighs, pelvis and lower back.
- **Engagement:** When your baby's head has passed through the upper pelvis into the lower true pelvis. This feels similar to lightening and is a sign baby is preparing for delivery. Pressure from the baby's head on the cervix will help prepare it for labor.

Preparing for Labor:

Preparation for labor should begin early in pregnancy and needs to include both physical and emotional preparation. Classes, reading and practice will help greatly when actual labor begins.

Physical preparation: Includes staying physically fit and continuing to exercise throughout your pregnancy unless told to stop by your health care provider. Pregnancy specific exercises on a daily basis are also beneficial.

Relaxation Exercises: Must be practiced with your labor coach so you both will be ready when your true contractions begin. Your coach calls the commands and checks your muscles for tension or tightness. This exercise is designed to help you remain relaxed in labor when your uterus is hard at work.

- Begin by lying on a firm surface with one or two pillows under your head and shoulders and one pillow under your knees.

- Raise arms about two feet from the floor or bed, stretch them slightly and hold for a few seconds, then slowly bring them down. When they are about six inches from the floor release your arms and let them fall limply to the floor. Legs should be fully relaxed.
- Repeat with left arm and right leg, keeping the other arm and leg totally relaxed
- Repeat with right arm and left leg, keeping the other arm and leg totally relaxed.
- Repeat with right arm and leg, keeping the other arm and leg totally relaxed.
- Repeat with left arm and leg keeping the other arm and leg totally relaxed.
- Repeat with three limbs and keep the remaining one fully relaxed.
- Learn to respond on commands such as “tighten” or “relax” .
- Coach checks for tightness and relaxation.

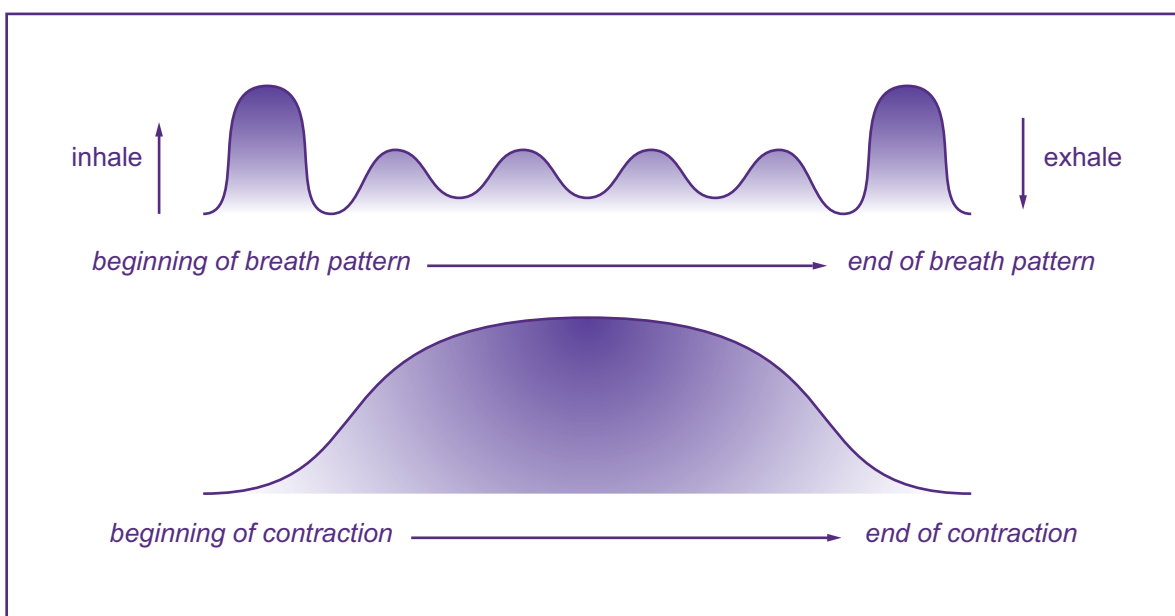
Breathing exercises:

There is no absolute correct way to breath throughout your labor. Focused breathing is a tool to help you concentrate on your breathing and away from the pain of labor. It helps you stay relaxed and maintain control. There are many different breathing patterns to choose from. The exact breathing pattern that you use is less important than your ability to use it when the time comes. Your ability to use it will depend on how much you practiced! Listed below are some basic focused breathing techniques that you can use to help you through your labor and delivery experience. It is never too early to practice these techniques.

For early labor (1st Phase):

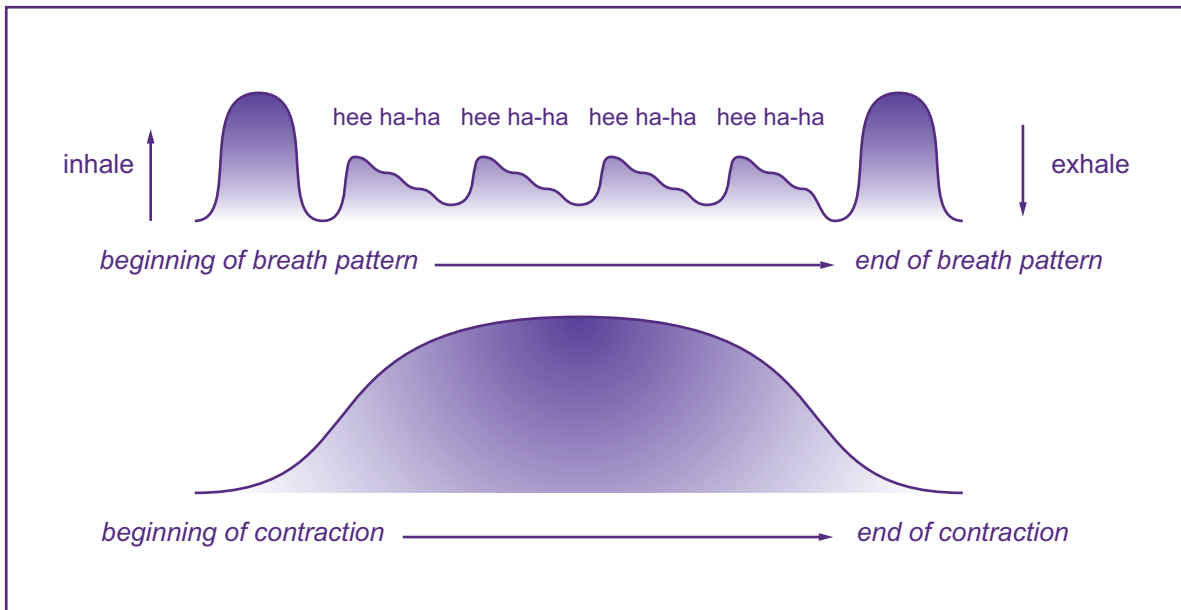
Take a deep cleansing breath at the start of the contraction, then breathe slowly in through your nose and out through your mouth. End the contraction with another deep cleansing breath.

Continue to breathe in this way until you feel like you need more concentrated breathing. At the point where you feel this early breathing is not helping enough, you should switch to active breathing techniques and be thinking about coming to the hospital.



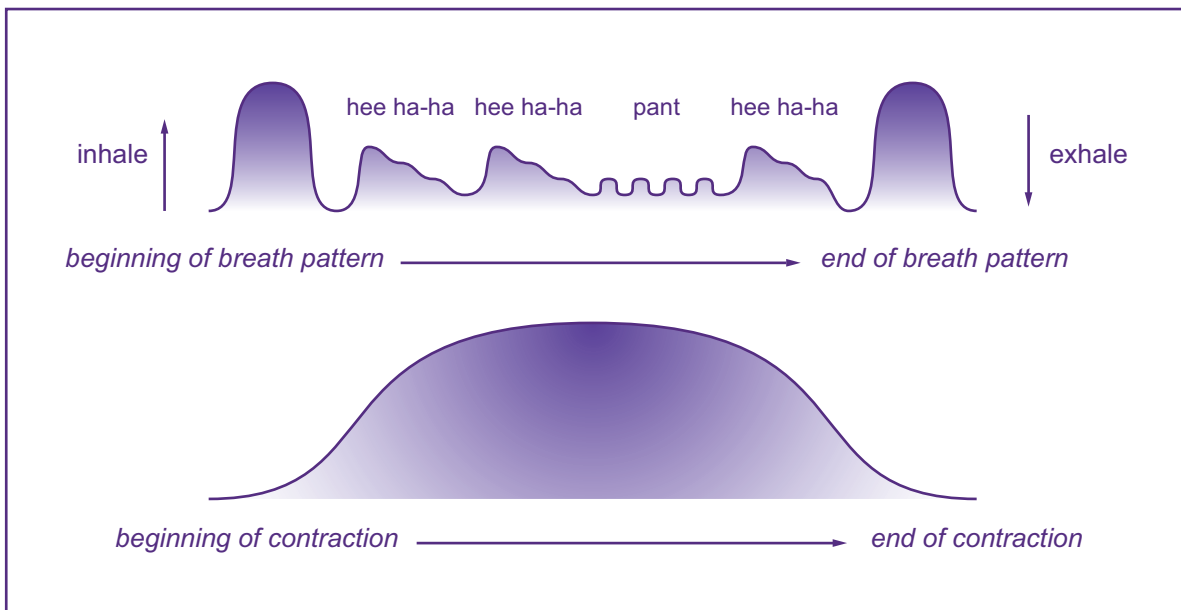
For active labor (2nd phase):

Take a deep cleansing breath at the start of the contraction, relax and stare at your focal point. Then breathe in through your mouth. “Hee” is the sound you will make as you breathe in. Follow this breath with 2 breaths out making the “Ha Ha” sound. Continue the “Hee Ha Ha” pattern till the contraction ends. At the end of the contraction take another deep cleansing breath and relax— you finished another one!



Transition breathing:

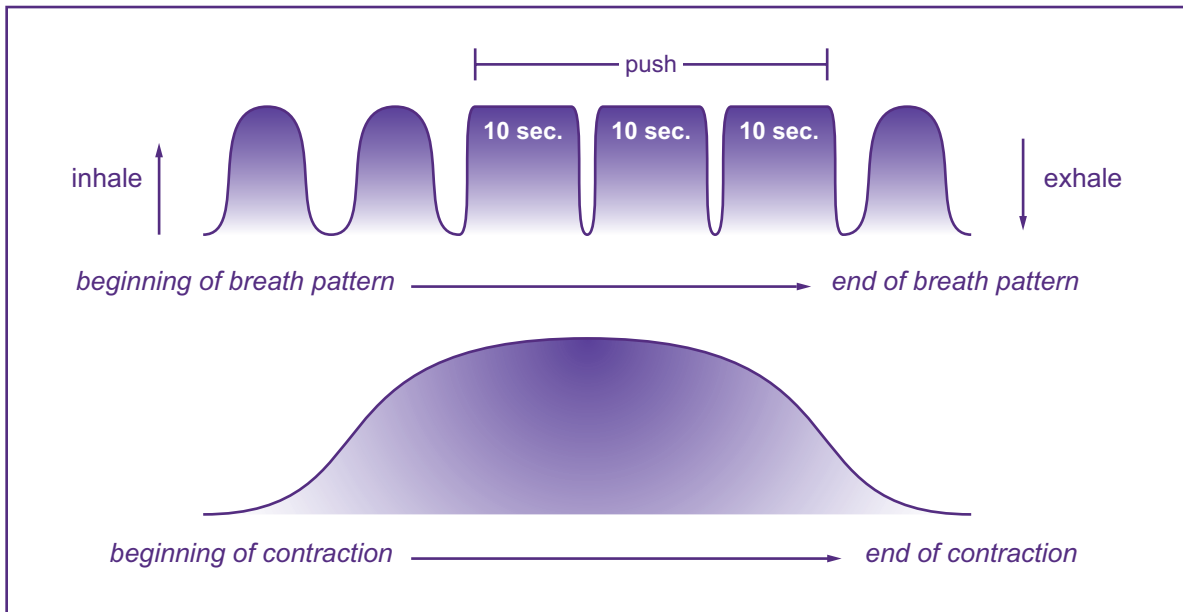
If you feel like you have to push down but are instructed not to do so, you will need to pant like a puppy or breathe quickly in and out through your mouth. This should only be to stop you from pushing (at the peak of your contraction) and for only a short period of time. If you begin to feel dizzy let your nurse know.



Breathing for coached pushing:

Once you are dilated and ready to push, you can either push like a bowel movement as your body tells you to or do coached pushing. The choice is usually up to you.

Coached pushing consists of starting each contraction with a 2-3 deep cleansing breaths in and holding the last one in. At the same time of your last breath, put your chin on your chest, grab your knees up and out and begin to push down (just like you are having a bowel movement). Your coach then counts slowly to ten— that is the time you will be pushing. At the count of ten, you let your breath out, take another quick and deep breath in, hold it and begin to push again. Repeat this type of breathing pattern with pushing for two to three times with each contraction. End the contraction with another deep cleansing breath and relax until the next contraction.



Packing for the hospital:

Around your 36th week of pregnancy you need to begin getting things packed that you wish to bring to the hospital with you. Your hospital will have gowns, slippers and robes for you to wear but if you like to have your own make sure to pack them. It's a good idea to pack one bag for you and one for your baby. Baby's bag won't be needed until several hours or the day after the delivery. Don't bring anything too fancy or valuable.

Mom's bag:

	2 or more well fitting bras. Nursing bras may make it easier to breast-feed baby.
	2-3 pairs of cotton underwear: Bring your oldest pairs, as you will bleed quite a lot and the panties will probably get stained.
	2 or more comfortable nightgowns: If you plan to breast-feed, it will be easier if your gowns open in the front. Again, don't bring anything you don't want to get dirty.
	Slippers or slip-on shoes with non-slick soles
	Toilet articles (soap, shampoo, toothpaste, toothbrush, deodorant, comb, brush, etc.)
	Loose fitting/maternity clothing to wear home: You usually wear your maternity clothes for several days to weeks after your delivery.
	Camera with plenty of film; don't forget to check the battery!

Baby's bag:

	One going-home/picture outfit
	Car seat
	Baby bag with diapers, burp cloth, wipes for the trip home
	Blanket, hat and warm outfit if cold out.

Labor tools:

	Lotion or Talcum powder: for your coach to give you massages.
	Snack bag: lollipops, hard candy to suck on in labor, Snack foods for coach (since you don't know when the food will be needed) and a treat for the both of you afterwards.
	Chap stick or lipstick to prevent dry lips
	Something for you to concentrate on (focal point) such as a favorite picture, stuffed animal, flower, etc.
	Deck of cards to pass the time; Books for you and coach
	Favorite pillow or pillows with distinctive pillow cases to identify them as yours
	Music: portable tape or CD player with a good variety of music selections
	Tennis balls in a sock for back rubs.

What to do when you have false or early labor pains:

1. Keep busy and distract yourself. You can go to a movie, shopping, or other activity that keeps your mind off these contractions.
2. Walking may help you get your labor going but if it doesn't, do NOT continue to walk until you are exhausted. Save your energy as you will need it soon.
3. Rest is important. If you are overtired, your uterine muscles will be overtired as well and your contractions will not be as effective as they would be if well rested. You will have the pain but not the cervical changes!

Try to relax by:

- a. Sipping a cup of warm milk
 - b. Taking a warm (not hot) tub bath or shower
 - c. Having your coach give you a back rub or body massage.
 - d. Listening to some soothing music
4. Make sure you continue to drink fluids. If you become dehydrated (low in fluids), your contractions will not be as effective. You will have the pain but not the cervical changes.
 5. Don't starve yourself! Eat small amounts of easily digestible foods frequently. You have no way of knowing when your real labor will begin.
 6. Stay calm since when you tense up everything you feel will be twice as uncomfortable and labor will not progress as quickly as it should.

When to come to Labor and Delivery:

- Rupture of Membranes- Small trickle or big gush. Note color, consistency and time of membrane rupture. We will want to test the fluid on arrival.
- Bright red vaginal bleeding- (bloody show, mucous plug or spotting, especially if you have had your membranes stripped recently) and more than just a very small amount.
- Decreased fetal movement- less than 10 movements in two hours after lying down and concentrating on counting.
- Severe headache
- Difficulty seeing, blurring of vision, sparkles or flashing lights
- Severe swelling of your hands and face along with a sudden weight gain
- Vomiting that continues for 24 hours
- If you are a first time mom, you will want your contractions to occur every 5 minutes for at least an hour and get stronger with walking. If you have had prior babies, you should come when your contractions are regular. You may need to come in earlier based on your individual situation which should be discussed with your health care provider.
- If unsure, come in and be checked! It's better to know than exhaust yourself with worry or come in too late.

How to tell if you are in real labor:

The first thing to remember is that every woman's labor is different. Sometimes the only way to tell if you are in labor is to go to the hospital for an exam and observation. Never feel embarrassed to call or go into the clinic or to Labor

and Delivery. We are here to help you through all aspects of your pregnancy, labor, deliver and postpartum. Please use our expertise!

What to expect when coming to Labor and Delivery:

While each medical treatment facility has a slightly different way of doing things, you can usually expect to:

1. Have a vaginal exam (if membranes are intact) to check for dilatation (opening), effacement (thinning), and station (location of baby's head).
2. Be examined for questionable rupture of membranes with a sterile speculum to avoid contamination. A small amount of fluid will be collected and put on a microscope slide to determine if it is amniotic fluid (from your bag of waters) or normal vaginal secretions. Amniotic fluid will dry on the slide in about 5 minutes forming a very distinctive fern-like pattern.
3. Have you and your baby's heartbeat timed.
4. Have your temperature, blood pressure and pulse taken.
5. Decide whether you need to be admitted now. You are usually admitted if:
 - a. Your bag of waters is broken or leaking.
 - b. You are 4 cm dilated.
 - c. Have any potential or current problems that need close observation such as high blood pressure, fever, infection, low or high fetal heart rate, or decreased fetal movements, etc.
6. When admitted, your coach will usually need to go to the Admissions Office to complete paperwork while you will be put into a labor room.
7. Once in the labor bed you will:
 - a. Be asked many personal questions.
 - b. Have the external fetal monitor applied to your abdomen to measure baby's heart rate and your contractions.
 - c. Possibly have an IV or heparin lock inserted into a vein in your arm for a fluid access line.
 - d. Have lab work taken (blood and possibly urine)
8. You can ask for an enema if you are feeling uncomfortable about having a bowel movement during delivery. Many women like to avoid this and will request an enema. A small fleets enema is usually used if baby's head is engaged and/or your bag of waters is not broken.
9. Now you and your coach need to work together to have a safe and meaningful labor and birth experience.

Labor phases and how to cope:

To deliver your baby you must pass through several phases of labor. These phases include: Pre Labor (often called false labor), early labor, active labor, and transition. At the end of these phases you will be completely dilated (10 cm) and effaced (100%) and will be ready to push your baby out into the world.

The following is a guide to each of the phases of labor, what you may feel, what you can do to help yourself, what your labor coach can do and some simple breathing techniques to help you cope with the process. The more

practice time you devote to preparing yourself, the better off you, your coach and baby will be. You may want to bring your notebook with you to Labor and Deliver as a reference during labor.

Pre Labor

Characteristics	What You May Feel	Helping Yourself	Coach's Help
<p>Duration: 0 hours to several days; May start and stop; Change of activity affects contractions.</p> <p>Not everyone feels this phase.</p> <p>Birthing Progress: Effacement, slight dilatation, cervical positioning</p> <p>Contractions: Increased Braxton-Hicks, some uncomfortable, may begin a pattern, then fade</p>	<p>Abdominal or pelvic pressure, crampiness, low backache</p> <p>Burst of energy or its opposite– laziness.</p> <p>Nesting instinct.</p>	<p>Relax with contractions.</p> <p>Breathe normally or try slow early labor breathing.</p> <p>Don't overdo. This energy is for labor. Finish packing for hospital.</p> <p>Eat small amounts of easily digested foods.</p> <p>Don't forget to drink fluids.</p> <p>Pelvic rock for backache, side lying position for resting</p>	<p>Daily practice of breathing and relaxation techniques.</p> <p>Stay in close touch.</p> <p>Help with meals and chores, last minute preparations for baby.</p> <p>Provide:</p> <ul style="list-style-type: none"> - Moral support, - Entertainment. - Back massage - Loving words. <p>You need to sleep and eat well.</p> <p>Be available for transportation.</p>

The real thing may begin with any of the traditional labor signs. It may begin slowly (the onset of labor may not be clear to you); or may surprise you, by beginning with contractions that are strong and as close as those described under active labor. With the guidance of your health care provider, you will decide at some point in early or active labor to make the trip to the hospital.

Once there, progress will be measured by:

Effacement: thinning and softening of the cervix, measured in percent (%).

Dilation: opening of the cervix, measured in centimeters (1 to 10).

Station: the dropping down of the baby (-5 to +5 station), in relation to the pelvis

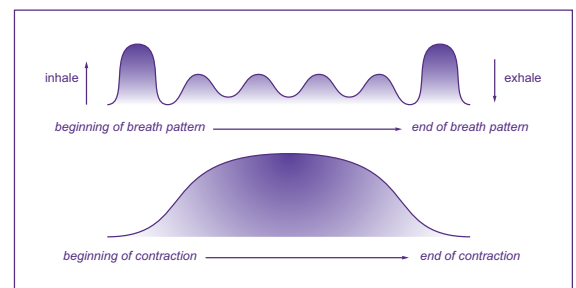
Also of interest will be what part of the baby is “presenting” (coming first through the birth canal, condition of membranes, your blood pressure, fetal heart tones, pattern of contractions, and how you are feeling!

The **First Stage**, the longest part of labor has three phases which progress from the first “real” labor contraction until the cervix is fully dilated and you start your pushing.

First Stage Labor– Phase 1: Early Labor

Characteristics	What You May Feel	Helping Yourself	Coach's Help
<p>Duration: ranges from 2 hrs to days.</p> <p>Birth Progress: Cervix dilates to 4 cm</p> <p>Contractions: Last 30-60 seconds; are 5-15 min. apart, and are mild but definite; progressively longer, stronger, closer together.</p>	<p>Bubbly, excited. A little stage fright.</p> <p>Wish to tell the world.</p> <p>Gradually less sociable, more serious, beginning to realize it's work.</p> <p>Wavelike pressure/ crampiness in back or front-all over tummy or very low in the tummy with contractions.</p> <p>Hungry, thirsty, "time to get going".</p>	<p>Enjoy this! You know your cues. Normal light activity, plenty of rest.</p> <p>Relax and breathe thru contraction, Use good position.</p> <p>Call the L&D unit.</p> <p>Pelvic rock for backache, slow breathing for each contraction. Warm shower.</p> <p>Clear liquids, if allowed. Light small snacks.</p>	<p>This phase is usually spent at home and you will need to be in close contact in case she needs you.</p> <p>Stay in touch hourly.</p> <p>Support, entertainment</p> <p>Extra rest for you too.</p> <p>Call sitter for older children to say contractions have started.</p> <p>Check for relaxation</p> <p>Start coaching breathing exercises just for practice.</p> <p>Hand on tummy to get acquainted with contractions.</p> <p>Back massage if needed.</p> <p>When she needs to concentrate on breathing, begin to time each contraction.</p> <p>Watch for change of attitude.</p> <p>Offer fluids often.</p> <p>Carefully drive to hospital when she is ready.</p>

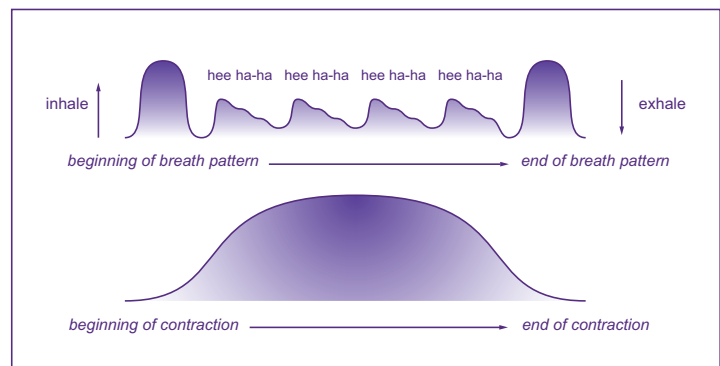
For early labor
(1st Phase Breathing):



First Stage Labor– Phase 2: Active Labor

Characteristics	What You May Feel	Helping Yourself	Coach's Help
<p>Duration: 4-8 hrs</p> <p>Birth Progress: Cervix dilates from 4 to 8 cm.</p> <p>Contractions: Last 45-75 seconds and are 3-5 minutes apart and are quite strong, peak more quickly.</p>	<p>Working very hard. Serious, need to concentrate.</p> <p>Intense pressure with contractions.</p> <p>Vaginal bleeding Backache may intensify or vanish.</p> <p>Trembling legs</p> <p>Flushed warm, dry mouth.</p> <p>Nausea</p> <p>Discouraged if no progress.</p> <p>Very self-centered.</p>	<p>Focal point away from traffic pattern in room.</p> <p>Switch to focused breathing.</p> <p>Urinate often.</p> <p>Change position.</p> <p>May want to suck on lollipop.</p> <p>Tell others of needs!</p> <p>Turn on background music</p> <p>Walk or shower if possible</p> <p>Try squatting or sitting on exercise ball</p>	<p>Be prepared with information for admissions if not pre-admitted. Return quickly to labor and delivery.</p> <p>Time contractions. Talk her thru them.</p> <p>Check for relaxation and help get her to relax.</p> <p>Anticipate needs for comfort and handle distractions.</p> <p>Walk with her if able</p> <p>Help her to bathroom often (tell nurses)</p> <p>Help her change positions often</p> <p>Tell nurses if she has urge to push</p> <p>Massage.</p> <p>Praise!</p> <p>Encourage often!</p>

For active labor
(2nd Phase Breathing):



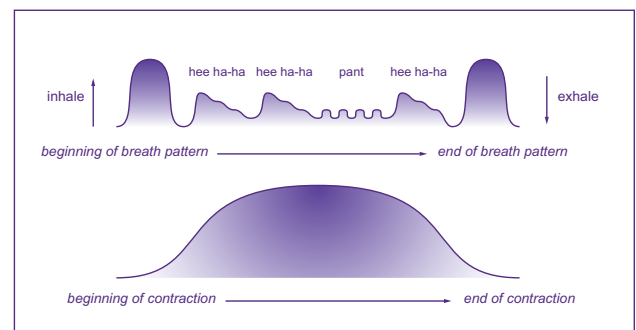
First Stage Labor– Phase 3: Transition

Characteristics	What You May Feel	Helping Yourself	Coach's Help
<p>Duration: 15 min. to 1½ hours</p> <p>Birth Progress: Cervix dilates from 7-8 to 10 cm</p> <p>Contractions: 60-90 sec. Long, 2-3 min. apart. Very strong, tremendous pressure, may have more than one peak.</p>	<p>Confused, irritable, not wanting to be touched, afraid of losing control.</p> <p>Increased rectal pressure,</p> <p>Urge to bear down, very tired and sleepy</p> <p>Nausea, vomiting, burps, shaky legs, or trembling all over, leg cramps</p> <p>Hiccups, dizziness, tingling hands and face (hyperventilation)</p> <p>More vaginal discharge caused by descent of baby.</p> <p>Hot and perspiring, or cold and shivering</p> <p>Increased backache as baby descends</p>	<p>Switch to transition breathing pattern; take each contraction at a time.</p> <p>DON'T push! Pant or blow till urge has passed.</p> <p>Concentrate on relaxing, especially between contractions.</p> <p>Try to keep breathing slow-no hyperventilation.</p> <p>Ask to change bed pads if needed.</p> <p>Change positions often.</p> <p>Urinate often.</p> <p>Stay in bed.</p> <p>Rest between contractions-many women fall asleep between them.</p>	<p>Be firm in coaching, never mind her mood. She'll thank you later for coaching breathing.</p> <p>Put your face about 10 inches in front of her face and do the breathing exercise if she is having difficulty in maintaining control and breathing.</p> <p>If she doesn't want to be touched, back off—this is only temporary—but keep on coaching her breathing through the contractions.</p> <p>Coach her to pant or blow if she starts to push and call your nurse.</p> <p>Let her sleep between contractions-keep distractions down, dim the lights, lower the sound.</p>

First Stage Labor– Phase 3: Transition (cont.)

Characteristics	What You May Feel	Helping Yourself	Coach's Help
			<p>Wake her at onset of each contraction (watch monitor) and start her breathing.</p> <p>Cool cloth for face, lips and mouth</p> <p>Stroke legs, back, and shoulders if it helps her relax.</p> <p>Straighten limb and flex foot to relieve leg cramps.</p> <p>Remind her she is getting closer to holding her baby!</p> <p>Help her get into different positions often.</p> <p>Make sure she is urinating often.</p> <p>Ask staff about getting ready for delivery.</p> <p>PRAISE!</p>

Transition breathing:

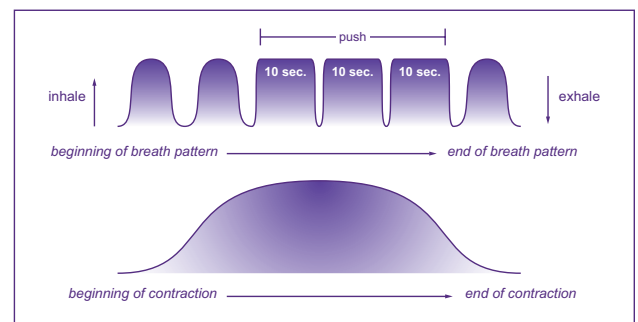


The **Second Stage** includes the time from full dilation of the cervix until the baby is born. Setup for delivery will begin now if it is not the your first baby.

Second Stage Labor– Pushing

Characteristics	What You May Feel	Helping Yourself	Coach's Help
<p>Duration: Varies greatly- 2 pushes to 2 hours .</p> <p>Birth Progress: Pushing the baby down the birth canal and out into the world.</p>	<p>Urge to push varies, usually strong.</p> <p>Great relief to push</p> <p>May feel uncertain at first but you will soon get into it.</p>	<p>Two cleansing breaths, long sustained pushes, and rest between contractions.</p> <p>Listen closely to coaching from team.</p>	<p>Check her position and help her to change it frequently.</p> <p>Remind her of cleansing breaths at beginning and end of each contraction.</p> <p>Encourage long pushes.</p> <p>Let her rest/sleep between contractions.</p> <p>Keep distractions to a minimum.</p> <p>Wet her forehead, lips and mouth with cool wet cloth.</p> <p>Give ice chips between pushes.</p> <p>Ask for mirror to increase motivation.</p> <p>Respect her mood. She may be quiet, bubbly or crabby. Remember she is working really hard.</p> <p>Coach firmly.</p>

Coached breathing:



Second Stage Labor– Pushing (cont.)

Characteristics	What You May Feel	Helping Yourself	Coach's Help
<p>Contraction: Last 60-90 seconds and are 2-5 minutes apart, peak more slowly than transition contractions, and may have more rest between.</p>	<p>Alertness returns, new burst of energy.</p> <p>Back pain may vanish or return.</p> <p>Great pressure in rectum. Stretching, stinging sensation around vagina as crowning approaches; numb for birth of baby.</p> <p>Actual feel of baby emerging is warm and pleasant relief!</p>	<p>Enjoy the excitement.</p> <p>Pushing harder may help you to cope with pain.</p> <p>Release perineum as completely as you can and think “Open, baby out!”</p> <p>Lie back and pant or blow for birth of baby's head.</p> <p>Push as directed for baby's shoulders.</p> <p>Get ready to hold your new baby</p>	<p>Support her during pushes.</p> <p>Stay next to or behind her head now- don't touch delivery covers, if open.</p> <p>Remind her to “Relax her bottom”.</p> <p>Support head and shoulders to watch baby emerge.</p> <p>Look to see WHO'S HERE!</p> <p>(If you have talked prior to person delivering your baby and want to) Get ready to cut cord.</p> <p>Get the camera out and ready for first shot of new baby.</p> <p>Welcome your baby into the world!</p>

The **Third Stage** includes the time from baby's birth to expulsion of the afterbirth.

Third Stage Labor

What is Happening	What You May Feel	Helping Yourself	Coach
<p>Duration: up to 30 minutes.</p> <p>Birth Progress: Afterbirth comes out (placenta, membrane, cord)</p> <p>Contractions: Few mild ones</p>	<p>May or may not notice contractions.</p> <p>Chilled, shivery, impatient</p> <p>Overwhelmed and overjoyed!</p>	<p>Ask to push placenta out yourself.</p> <p>Respond to coaching.</p> <p>Nursing baby stimulates your uterus to contract.</p> <p>Concentrate on your baby.</p>	<p>Reinforce instructions.</p> <p>Remind her to relax.</p> <p>Enjoy watching or holding your baby.</p> <p>Stay near until she is ready to rest.</p>

Pain management in labor:

Each woman will respond differently to her contractions. This response depends on many factors to include:

- Time spent in labor
- Level of pain tolerance
- Quality of coaching
- Emotional and physical state
- Preparation for labor
- Size and position of baby
- Stage of labor

Coping techniques:

Since it is impossible to predict how your labor will go and how well you will cope with your labor, it is very important for you to know all your options. The absolute safest option for you and your baby is to not rely on any medications while in labor. Unfortunately, this is not always possible. If, after trying the various non-medication techniques listed below you require medications, your health care provider will determine the safest route, amount and timing to give.

- **Breathing with the contractions:** Various breathing techniques are taught in childbirth preparation classes and it doesn't matter which one you choose to use. By using these breathing techniques you will be focusing on breathing and not on the pain of your contractions. Simple but effective breathing techniques are outlined in the Phases of Labor section.
- **Medications:** There are several different medications that can be given in labor to help cope with the contraction pain. How much, when to give the medication and what to give depends on many factors. Your health care provider will work with you to minimize the pain as much as is safe for you and your baby. There is no labor medication that is guaranteed to be 100% free of side effects, although with proper monitoring, dosing and timing of medications, side effects can be kept to a minimum.
 - **Analgesics:** Narcotics and synthetic narcotics- these can be given through a shot in your muscle or into your IV to dull the pain and help you to relax. IV medications act quickly but don't last as long as an injection into a muscle. We try not to give these medications within an hour of delivery to prevent the baby from being born with the drug. If baby comes quicker than expected then a narcotic blocking medication can be given to your baby to block its effects. Other side effects include slowing of your labor or stopping it if given too soon.
 - **Spinal Block:** A narcotic or local anesthetic is injected into the spine to numb you from your waist downward. These are commonly used for Cesarean Sections. Side effects include: itching, failure to block the pain, severe headaches or slowed breathing.

- **Epidural:** A small plastic tube containing a diluted narcotic and local anesthetic is inserted in your spine. The medicine in the tubing bathes the spines which causes numbness in your lower half of your body. It takes about 10 to 20 minutes to work and can be adjusted as your labor progresses. Possible side effects include decrease in your uterine contractions, prolonged labor, lower blood pressure and decrease in the baby's circulation, urine retention, no relief in your pain, spinal nerve damage (rarely permanent), low back pain after delivery, and increased chance of Cesarean Section especially if given early in labor. The tubing occasionally falls out of place and needs to be replaced. The anesthetic medicine can enter your blood stream and you may become light headed, confused or have convulsions. This almost never happens. Rarely, the medicine can also enter the spinal fluid, which could lead to a higher degree of numbness or muscle weakness requiring help with breathing and/or blood pressure. Epidurals will take away up to 80% of your pain but will not take away your feelings of pressure from the baby. It can also be used if forceps, vacuum assistance or Cesarean Delivery is needed.
- **Coaching:** It is important to do everything and anything you can to help her through labor. The nursing staff can help you with these. Some techniques are:
 - Light uterine massage
 - Back rubs (can use tennis balls in sock if available)
 - Moist cloth to forehead
 - Moisten lips.
 - Help with breathing.
 - Adjust her pillows.
 - Have her turn frequently– keep her off her back.
 - Offer her lollipops, ice pops and wet wash cloths to keep mouth moist.
 - Tell her when the contraction begins, when it is at its peak (and remind her it will only be there a few seconds) and MOST IMPORTANTLY when the contraction starts to lessen. By glancing at the monitor strip you will know when each of these times are.
 - Make sure she is comfortable and resting between contractions.
 - Keep lights and noise level low
 - Check for tense muscles and relax it away by massaging the area.
 - Offer words of encouragement and praise.
 - For backache, apply firm steady pressure with the palm of your hand throughout the contraction to her lower back. You may also try applying cool or warm packs to her lower back.

Why a Cesarean Section (C/S)?

There are several reasons to perform a Cesarean Section (C/S) and oftentimes it is a combination of reasons that help make the final decision. It is never performed strictly to avoid labor contractions as this is a major surgical procedure. Unless it is an emergency situation in which a delay could harm either you or your baby, the doctor performing the surgery will explain to you why a Cesarean is needed.

Reasons for Cesarean births include:

- **Cephalic-pelvic disproportion (CPD):** Baby is too big or your pelvis is too small to allow for your baby to be born through your birth canal.

- **Fetal distress:** Baby's heartbeat is slowing down to a dangerous level and won't come back to normal levels despite usual interventions such as increased fluids, oxygen and position change.
- **Excessive vaginal bleeding**
- **Active Herpes or diseases that could affect your baby**
- **Malposition or malpresentation:** Baby is in an unsafe position such as breech, or unsafe presentation such as neck fully extended that will not allow him/ her to be born safely through the birth canal.
- **Failure to Progress:** The cervix is not dilating (opening) properly even with adequate period of time with strong contractions.
- **Placenta previa:** Placenta is covering all or part of the cervical opening leading to severe vaginal bleeding.
- **Placenta abruption:** Placenta separates from the uterine wall and blocks oxygen exchange to your baby.
- **Previous Cesarean Section:** especially if you had a previous classical incision (runs up and down your abdomen). Often even if you had a Cesarean previously, you can still attempt to deliver vaginally this time.

What usually happens with a C/S?

- You will be counseled as to why a C/S is needed and you will sign a consent form allowing the C/S to occur.
- You will have an IV (tube into vein) and Foley catheter (tube in bladder) inserted.
- You will be counseled on type of anesthetic is best for you and baby.
 - General anesthesia (you go to sleep)
 - Regional anesthesia (you are numb from waist down)
- The operating room can be quite crowded with nurses, doctors and assistants. Depending on the situation, your partner may be allowed to accompany you. Ask your doctor. In the operating room, you will be placed on the operating table. Once on the table, your abdomen and pubic area will be washed, shaved and drapes or covers will be placed over your abdomen. The anesthetist will administer the anesthesia after taking several blood pressure readings and monitoring your other vital signs (respiration rate, temperature). After the anesthesia is working a cut will be made below your belly button to get the baby out. You will not be able to see this incision, even if awake, because a drape will be between your head and your abdomen to block your view. After baby is born, the pediatrician will make sure baby is OK and then let you hold/ see baby depending on your baby's condition. After your abdomen is sutured, you will be taken to a recovery area for several hours. You will be very sleepy at this time. When you are fully recovered you will be taken to the Postpartum area to begin your life with your new baby.

After a C/S can I deliver vaginally?

In many cases you can deliver vaginally after having a C/S. Your doctor or midwife will help you decide if a vaginal birth is safe for you.

This is a sample birth plan designed to help you decide what you want for your labor, delivery and postpartum experience and to communicate these desires to your health care provider, coach and nursing staff. It is important to understand that no one on the hospital staff will do anything that could potentially endanger your baby or your self. and that each and every birth plan needs to be discussed with your health care providers to ensure the safety and feasibility of your requests. It is much better to have these discussions before the actual event. Remember also, that birth plans often change when in labor and the more prepared and knowledgeable you are regarding labor, delivery and postpartum, the better the chance you will have in achieving your birthing goals. Also remember that this is merely a statement of preferences and not a legally binding contract. You are allowed to change your mind!

First stage of labor:

Environment: check as many as you would prefer.

- ☐ Dim lights
- ☐ Peace and quiet
- ☐ Music
- ☐ Wear my own clothes
- ☐ Minimal vaginal exams
- ☐ Other (please specify)

Mobility:

- ☐ I wish to be able to move around and change position at will throughout labor
- ☐ Freedom to move in bed only (up to bathroom only)
- ☐ Mobility not important (I plan on having an epidural)

Hydration:

- ☐ No restriction (would like to eat and drink whatever I am comfortable)
- ☐ Clear fluids
- ☐ Ice chips
- ☐ Heparin/Saline lock (most hospitals require access to a vein should an emergency occur, or complications requiring antibiotics such as Positive Group Beta Strep)
- ☐ IV (you will need an IV if you plan on using pain medication through the IV or an epidural)
- ☐ If no risk factors would like no IV unless my health care provider says I need one

Monitoring: (Type of monitoring often depends on the staff's need for information to ensure the baby's safety)

- ☐ Intermittent monitoring
- ☐ Continuous external monitoring
- ☐ Continuous internal monitoring

Pain Relief:

- ☐ I would like to know what is available and want the option to not have any medications.
- ☐ I am planning on minimizing my medication use so I would appreciate the staff not offering me pain medication but instead allowing me to request it, if and when needed.
- ☐ Offer if I appear uncomfortable
- ☐ Offer as soon as possible

Pain Relief Options:

- ☐ Non-Medicinal: Positioning; shower or tub; heat or cold therapy; massage; acupressure
- ☐ IV Medication
- ☐ Epidural

Labor Induction/Augmentation:

Usually induction/augmentation are not discussed in a birth plan. If you require an induction the decision will usually be made before you arrive at the hospital. However, it is important to know that you have options.

Induction: (Not done for convenience but based on obstetrical indicators and safety concerns for both you and your baby. If induction is indicated, your health care provider will discuss options with you prior to your labor if at all possible.)

- ☐ Natural methods (walking, nipple stimulation, sex, membrane stripping)
- ☐ Herbal inductions (not available in all locations due to safety concerns)
- ☐ Prostaglandin gel (recommended if you have an “unfavorable cervix”)
- ☐ Cytotec® (oral or vaginal tablet, also recommended for “unfavorable cervix”, not used if prior C/Section)
- ☐ Pitocin® (synthetic hormone given in the IV to start contractions)
- ☐ Amniotomy (break the bag of water)

Augmentation:

- ☐ Natural methods (walking, nipple stimulation)
- ☐ Pitocin (synthetic hormone given in the IV to start contractions)
- ☐ Amniotomy (break the bag of water)

Second stage of labor:

Pictures: (Often the staff can help to take some pictures so your coach can concentrate on helping you and sharing in the experience first hand and/or through the lens of a camera.)

- ☐ I would like to take pictures while in labor, of the birth, after the birth
- ☐ I would like to make a video recording of my labor, birth, after the birth

Some hospitals require you to get the permission of the health care provider doing your delivery prior to taking pictures or video taping of the birth. They may have specific limitations for photography and video.

Pushing:

Some of these will depend on if you are medicated, how your labor is going, and the health of your baby.

- _____ Choice of positions (certain positions are better for encouraging the baby to come down)
- _____ Push as long as I can/want (Ask about "time limits" for pushing)
- _____ Spontaneous bearing down (push when your body tells you to push)
- _____ Directed pushing (Being told when to push, how long to push "counting")
- _____ I would like my partner and/or nurse to support my legs as necessary during the pushing stage for leg support (as opposed to using stirrups or foot pedals).
- _____ Foot pedals
- _____ Squat bar
- _____ Stirrups (sometimes used if epidural is too heavy and mom can't feel legs)

Perineal Care:

- _____ Prefer no episiotomy (massage, compresses, positioning, tearing)
- _____ Prefer episiotomy
- _____ I would like a mirror available so I can see mybaby's head when it crowns.

Baby Care:

- _____ I would like to have my baby placed on my stomach/chest immediately after delivery if you are not in immediate distress
- _____ If baby is not in distress, place on my stomach/chest immediately
- _____ Place baby on warmer and clean up before being brought to me

Cord Cutting:

- _____ Partner to cut cord
- _____ I want to cut cord
- _____ Immediately cut cord
- _____ Delayed until cord stops pulsating
- _____ I am a cord blood donor and have made arrangements

Eye Care: (May be mandated by State law)

- _____ None
- _____ Delayed for _____ minutes
- _____ Immediate

Feeding Baby:

- _____ Breast feeding only
- _____ Bottle feeding only
- _____ Combination (Not recommended until milk supply is fully established.)
- _____ Pacifiers
- _____ No pacifiers

Separation/Rooming-In

- _____ Would like to have exam and first bath in my presence
- _____ If my baby needs to be taken away from my side for medical attention, I want _____ to accompany my baby at all times (if medically possible).
- _____ I am comfortable with the hospital staff taking my baby to another room to provide care.

If infant is sick would like:

- _____ Breast-feeding as possible
- _____ Breast pump available
- _____ Unlimited visitation for parents
- _____ Help care for infant (hold, change diapers, etc)
- _____ If baby is transported to another facility, move as soon as possible

Circumcision:

- _____ None
- _____ For cultural or religious reasons will be done outside the hospital
- _____ Done in hospital
- _____ Use of anesthesia (need to ask at time of circumcision)

Complications:

Unfortunately not all mothers will deliver vaginally. It is important to know the Cesarean Section rate at your hospital. The national average is 25% Cesarean Section births. If you have a planned or unplanned non-emergent cesarean birth, you can still discuss some options with your physician.

- _____ Spinal/epidural anesthesia
- _____ General anesthesia (being put to sleep)
- _____ Partner present
- _____ Pictures/Video of birth
- _____ Screen lowered to view birth
- _____ Description of surgery
- _____ Touch the baby
- _____ Breast-feeding in recovery room

Remember in the event of an emergency regarding your health or the health of your unborn baby we will do our best to keep you informed but we may need to modify birth plan.

N. B. - Listing of medications/drugs does not represent endorsement by VA/DoD

Baby Equipment for the First Week

The following is a list of baby items that will be very helpful to have prior to bringing baby home. Give the list to friends when they ask what you need or at least leave it around in convenient areas for them to see.

Infant car seat:

You will need a rear facing car seat to bring your baby home from the hospital. Make sure you know how to install it safely into your car's backseat. Your baby won't be discharged without one.

Clothing:

- 4-6 shirts, sleepers and gowns. Plan on at least a few change of clothes a day due to spit up and other mishaps.
- Warm clothes such as hats, blankets, booties, etc. if needed

Bedding: Some type of crib or bassinet: Make sure the slats are no farther apart than 2.37 inches (6 cm)

- 4-5 blankets and sheets

Bathing/diaper supplies:

- 2-3 towels, 4 wash cloths
- 3-4 dozen diapers (disposable or cloth). Plan on your baby using about a dozen/day
- Baby shampoo and soap
- Saline nose drops
- Baby bath or pad for sink
- Baby hairbrush or comb
- Baby fingernail clippers or scissors
- Mild laundry soap
- Cotton swabs or cotton balls
- Soft cloths or disposable wipes for cleaning after diaper change
- Petroleum jelly or other lubricating jelly

Baby first aid:

- Digital or rectal thermometer, baby Acetaminophen and rubbing alcohol

Breast-feeding supplies:

- 5-6 handkerchiefs, clean cloths, or breast pads for leaking breasts
- 2-3 nursing bras
- Nursing tops and nightgowns for added convenience

Bottlefeeding supplies:

- 8 (4 ounce) baby bottles, caps and nipples
- Bottle and nipple brush for cleaning
- 1 quart measuring cup

Extras you might want:

- Baby bag to carry all this in
- Pacifiers
- Few cloth diapers for burping cloths and clean-ups
- Wet wipes to carry in diaper bag
- Changing mat

Sex after delivery:

It is best to avoid sex for at least 3-6 weeks following the delivery of your baby in order to give yourself time to recover from the changes associated with childbirth. Your stitches (if you had any) should be totally dissolved and your vaginal discharge greatly reduced by this time showing that you are well on your way to complete recovery. The perineal area (or area between the vagina and the rectum) will still be slightly tender but that doesn't mean that healing isn't taking place. In order to help make your first sexual experience after the delivery an enjoyable one, there are a few helpful hints that we suggest you follow:

- Have your partner or yourself apply gentle pressure at the entrance of your vagina towards your rectum. If this is very painful, it is better to wait until it does not cause discomfort before having sex.
- Use a lubricant such as petroleum jelly around the entrance of your vagina as you may be drier for a period of time following your delivery. This is especially true if you are breast-feeding.
- The side position may be more comfortable if you had a midline episiotomy. This position places less pressure on the suture area.
- Make sure baby is asleep so you'll be less likely to be disturbed.
- If you are breast-feeding, you may wish to keep your bra on in order to absorb the milk that can be released during your orgasm.
- Be sure to use some form of birth control. You can become pregnant at any time after delivery. You release the egg two weeks before your period. You usually won't know when your egg is being released.
- Be sure to spend time together as a couple even if you're not quite ready to have intercourse.

Masters and Johnson, the primary experts on sexuality, have found that women in the first two months after delivery were slower to respond to sexual stimulation and responded less strongly. In spite of this, women did not find sex less enjoyable. Just remember, you must be ready both physically and mentally before resuming sex. Don't rush it. There are many other ways to express your love.

Birth control methods after delivery:

Before resuming sexual intercourse, we recommend waiting until your bleeding has stopped, or at least greatly decreased, your stitches (if you had any) have healed and you are on a reliable form of birth control. Ideally it would be best to wait until your 6-8 week postpartum appointment to make sure everything is healing without problems and that your birth control method is adequate. If you feel well enough to enjoy sex prior to that time, there are many birth control options to choose from.

If you are not breast-feeding, you can expect to have your first period anywhere from 4 to 6 weeks after the delivery. With full breast-feeding (no supplements of any kind) your periods may be delayed up to six months. Unfortunately you will release your egg (and therefore are fertile) before your first period whenever it occurs. It is because of this that we recommend all women have a reliable type of birth control prior to resuming intercourse, no matter when the intercourse occurs. Luckily, there are several good choices of reliable birth control methods available for both breast-feeding and non-breast-feeding women.

Non-hormonal methods:

Condoms and foam are excellent methods for women after delivery. These methods avoid the very small possibility of hormones effecting breastfeeding. The small risk of blood clots right after delivery is avoided. Barrier methods include:

- **Withdrawal:** The man pulls his penis out of the vagina before he "comes" to keep the sperm from getting to the egg. This takes great self control, experience and trust. Effectiveness is only around 81% but increases greatly when a condom is used as well.

- **Spermicides (foam, cream, tablets, suppositories and film):** Chemicals that are applied in the vagina less than one hour before sex. Much more effective if used with a barrier method.
- **Male Condoms:** Offers protection against infection. This is especially important in the post-partum period when your uterine wall is healing. To be effective, your partner needs to use these each and every time.
- **Female condoms:** Plastic tube that lines the vagina to prevent sperm from reaching the cervix. This method also protects against Sexually Transmitted Diseases (STDs). These are not intended for use with a male condom. You will need to choose one or the other.
- **Diaphragm and spermicidal jelly or cream:** A soft rubber cup that covers the cervix and thereby blocks sperm from entering the uterus. Should be used with a spermicidal jelly or cream. Must be used prior to each and every sexual intercourse. You must be fitted for this device (even if you have one from before this pregnancy) at your postpartum visit. A diaphragm is left in place no shorter than 6 hours after sex and no longer than 24 hours. For each additional act of intercourse you must apply new spermicide. Do NOT remove the diaphragm when adding new spermicide..
- **Cervical cap and spermicidal jelly or cream:** A soft rubber cup similar to the diaphragm but smaller. Should be used with a spermicidal jelly or cream. Must be used prior to each and every sexual intercourse. You must be fitted for this device (even if you have an old one) at your postpartum visit. You leave this in place no shorter than 6 hours after sex and no longer than 48 hours. You can use the cervical cap for up to 48 hours of protection.
- **Intrauterine device (IUD):** Small, flexible plastic frame inserted into the uterus through the vagina. There are several different types with different lengths of time they remain effective, usually from 1 to 10 years. If you would like this method, discuss it with your health care provider prior to your postpartum visit so arrangements can be made for its insertion postpartum..
- **Permanent sterilization:** A woman can obtain a tubal ligation or a man can have a Vasectomy, if you are absolutely sure you do not ever want future children. The effectiveness of this method is over 99%. Institutions will vary on requirements needed (usually age and number of children) to have this procedure performed. If this interests you, talk to your health care provider early on in your pregnancy. Tubal ligation can often be done prior to leaving the hospital, if arranged for in advance.

Lactational Amenorrhea Method (LAM) for breast-feeding women:

This method provides some protection against pregnancy for up to 6 months postpartum if no supplements are added to the baby's diet and intervals between breast-feeding do not exceed 4 hours during the day and 6 hours at night. The use of a condom with foam and or withdrawal increases effectiveness.

Hormonal methods:

Breast-feeding options: It is recommended that breast-feeding women avoid using combined oral contraceptives (those that have both estrogen and progesterone) since they may decrease the milk supply and alter the milk composition. Studies have shown varied results but most report a decline in the mineral content of the breast milk with use of combined oral contraceptives. Even though existing evidence (scant that it is) suggests that the combined oral contraceptives do not directly harm infants, most providers feel safer using the progesterone-only birth control methods, if hormonal contraception is desired. Studies have shown no ill effects of progesterone-only methods on lactation and some studies have suggested there may even be a slight increase in milk volume. Progesterone-only methods include:

- **Progesterone only pills (POPs or minipills):** It may be best to wait until 6 weeks after delivery since there is a theoretical (unproven) risk that POPs may pose a problem to your baby. This theoretical risk is based on your newborn's liver and kidneys not being fully developed and therefore unable to break down and excrete drugs. If the need is great and you are willing to take this theoretical risk, then ask your health care provider for a supply prior to leaving the hospital. You should wait until your milk supply is well established before starting. The amount of progesterone is even lower than the amount found in low dose combination pills.

- **Progesterone injection:** this method is a liquid form of progesterone and is very effective in preventing pregnancy for 12 weeks. Several medical treatment facilities will give this injection prior to discharge from the hospital.
- **Intrauterine System containing Progesterone:** A small plastic device inserted into the uterus offering protection against pregnancy from 1 to 5 years. Contains a form of the hormone progesterone. Usually you must wait until your uterus has returned to normal pre-pregnant size. Talk to your health care provider if this interests you.

Hormonal options for women who are bottle-feeding: Combined oral contraceptives can be started 2 weeks after delivery. Waiting the two weeks allows for the recommended vaginal rest and avoids the period of peak risk for postpartum blood clots.

- **Progesterone injection:** a progesterone injection given prior to discharge from the hospital and is effective immediately and lasts for 12 weeks from date of injection.
- **Progesterone only pills (POPs):** Prescribed for women who wish to avoid the estrogen found in combined oral contraceptives.
- **Combined hormonal injection such as Lunelle®:** an injection given every four weeks containing both estrogen and progesterone.
- **Intrauterine System containing Progesterone (such as Paragard® or Mirena®):** A small plastic device, containing a form of progesterone that is inserted into the uterus offering protection against pregnancy from 1 to 5 years. Usually must wait until your uterus has returned to normal pre-pregnant size. Talk to your health care provider prior to your postpartum visit if this is something you are interested in so that arrangements can be made..

Methods that don't work well enough to depend on:

- Breast-feeding: if you miss any feedings, are ill, baby gone etc. you could ovulate and become pregnant.
- Feminine hygiene products
- Douching
- Urinating after sex
- Withdrawal of the penis
- Fertility awareness immediately after delivery
- When in doubt, check with your health care provider.

Effectiveness and Side Effects of Various Birth Control Methods:

Method	% Pregnant within the First Year	Advantages	Side Effects
No Birth Control Used	85 out of 100		Pregnancy and no protection against STDs.
Pill: (Oral Contraceptive Pill) Progestin only or Estrogen & Progesterone combined pills	5 out of 100 1 out of 100 1 out of 100	Easy to use and very effective. Periods are usually lighter, regular with less pain. Studies have shown women using the Pill have less ovarian and uterine cancer in later life, less acne, less Pre-Menstrual Symptoms, less anemia (iron poor blood).	POPs (mini pills): Irregular bleeding, weight gain, breast tenderness, less protection against ectopic pregnancy. Combined: Dizziness; nausea; changes in menstruation, mood, and weight; rarely, cardiovascular disease, including high blood pressure, blood clots, heart attack, and strokes. Serious side effects very rare. Neither pill protects against STDs.
Intra-Uterine Device	Less than 1 out of 100	Effective up to 10 years depending on type. Don't have to think about it before sex.	Pain, bleeding, infection, other post-surgical complications. No protection against STDs.
Progesterone Injections	Less than 1 out of 100	Usually no periods after a few months. May help breast-feeding women have more milk.	Irregular bleeding, weight gain, breast tenderness, headaches. No protection against STDs.
Combined hormone injections	Less than 1 out of 100	Once a month injection. Fertile in about 2-4 months after stopping injections. Advantages similar to the birth control pill.	Changes in menstrual cycle, weight gain. Similar to oral contraceptives—combined type. Serious side effects very rare. No protection against STDs.
Male condoms	12 out of 100	Protection against most STDs. Inexpensive and don't need a prescription. Can use as soon after delivery as needed.	Irritation and allergic reactions (less likely with polyurethane), must use with each time, can break or fall off. Should use with spermicides.
Female condoms	21 out of 100	Protection against most STDs. Inexpensive and don't need a prescription. Can use as soon after delivery as needed.	New one needed each time you have sex. Should use with spermicides.

Table continued on next page.

Effectiveness and Side Effects of Various Birth Control Methods (cont.)

Method	% Pregnant within the First Year	Advantages	Side Effects
Diaphragm with spermicide	21 out of 100	No drugs or chemicals are absorbed into the body. Doesn't affect your period.	Irritation and allergic reactions, urinary tract infection. Risk of Toxic Shock Syndrome, a rare but serious infection, when kept in place longer than recommended. No protection against STDs.
Cervical cap Women with children Women without children	36 out of 100 18 out of 100	No drugs or chemicals are absorbed into the body. Doesn't affect your period.	Irritation and allergic reactions, abnormal Pap test. Risk of Toxic Shock Syndrome, a rare but serious infection when kept in place longer than recommended. No protection against STDs.
Vaginal Ring	1-2 out of 100	Place into vagina for three weeks then remove. You don't have to worry about taking pill every day, getting an injection or using something prior to sex each time	Male may feel it with sex. Can't store in hot location; it releases hormone. No protection against STDs.
Spermicides	26 out of 100	Inexpensive and don't need a prescription. Much more effective if used with a barrier method (condom, diaphragm, cervical cap)	Irritation and allergic reactions, urinary tract infections. No protection against STDs.
Withdrawal	19 out of 100	Nothing to buy, inject or put on.	Takes lot of self-control, presence of sperm in fluid prior to ejaculation. Not effective. No protection against STDs.

Table continued on next page.

Effectiveness and Side Effects of Various Birth Control Methods (cont.)

Method	% Pregnant within the First Year	Advantages	Side Effects
Fertility awareness (<i>Natural Family Planning</i>)	3 out of 100 (if done daily and accurately)	No physical health risks to its use and can also be used to get pregnant. Need to know how to record daily basal body temperature and note cervical mucous.	Difficult to learn this method after delivery because your cycles will not be regular. Involves careful checking and recording of daily body signs. No protection against STDs.
Male sterilization: Vasectomy	0.15 out of 100	Done only once and highly effective.	Pain, bleeding, infection, other minor post surgical complications. No protection against STDs.
Female sterilization: Tubal Ligation	0.5 out of a 100	Done only once and highly effective.	Pain, bleeding, infection, other post-surgical complications. No protection against STDs.
Emergency contraceptives (<i>morning after pills</i>)	Reduces pregnancy from single episode by 80%	Only method that can be used after intercourse to prevent a pregnancy. Effective as a back-up method to other methods.	Nausea, vomiting, abdominal pain, fatigue, headache. No protection against STDs.
Evra® patch	1 out of 100	Once a week patch. Ability to become pregnant quickly returns when stopped. Advantages similar to the birth control pill	Similar to oral contraceptives-combined pill. Less effective for women over 198 pounds. Skin irritation. No protection against STDs.
Lactation Amenorrhea Method (LAM)	2 out of 100	Nothing to take therefore no risks to baby or you.	Only effective if not giving supplements, and feeding every 4 hours in the day and every 6 hours at night. Much more effective if used with condoms, or other barrier methods.

N. B. - Listing of medications/drugs does not represent endorsement by VA/DoD

Bottle Feeding Basics

Remember to hold your baby just as close to you as you would if you were breast-feeding. Skin to skin contact is best for baby and you whenever possible.

Listed below are some helpful tips about bottle-feeding:

- Warm the formula by running warm water over it, especially if baby was breastfed previously.
- Keep baby's head higher than their body.
- Start out with clean bottles and nipples. You don't have to boil bottles, nipples, formula or water, but you should wash in hot soapy water using bottle and nipple brushes, rinse with hot water and allow to air dry.
- Check the condition of the nipples before use. If cracked you should replace. Usually a nipple will last about a month.
- Brush baby's lips lightly with your nipple and gently place in baby's mouth. Never force bottle in.
- Do *not* prop a bottle. This is unsafe as baby could choke. Your baby needs to be held during its feedings.
- Keep milk in the nipple by tilting the bottle down towards the baby. You want to avoid having baby suck in too much air.
- Never put a baby to bed with a bottle. Remember you need to hold your baby for each and every feeding.
- During feedings take the nipple out of the baby's mouth for a rest and to make sure the nipple has not collapsed.
- Baby usually nurses every 3 to 4 hours and take in anywhere from 1 to 3 ounces.
- Burp baby every time the sucking slows down or at least 2 to 3 times a feeding.
- Throw away any formula left in the bottle after a feeding.
- Immediately after a feeding rinse the bottle and nipple in cold water to prevent milk from sticking to it.

Formula types:

Formulas are categorized by what makes up the formula and the forms they come in.

There are three forms available:

1. Ready to mix powder is the least expensive with a 16-ounce can usually lasting 10 days. You mix the powder with water as directed on the can. If you are on local water or on a well that is not fluoridated it is best to use bottled water with fluoride.
2. Ready to mix liquid is the next most expensive. A 13-ounce can will last 1 to 2 days. You mix the liquid with water as directed.
3. Ready to use is the most expensive but doesn't require any mixing. A small 8-ounce can lasts less than a day with the larger 32-ounce lasts about 3 days. Once opened this formula must be refrigerated. After the infant has finished feeding, any unused portion should be discarded.

Unless your health care provider tells you otherwise, formulas with iron are recommended. While most babies do just fine on milk-based formula, some require specialized types such as:

- Milk-based lactose free: used with babies with lactose intolerance. These babies will be very fussy and have increased gas and diarrhea.
- Soy-based formula: used with babies with milk allergies. Don't use this unless your health care provider has recommended it for your baby.

- Hypo-allergenic protein formula for babies with milk-protein allergies. This is very expensive and should be used only when your pediatrician recommends it.

Supplies needed:

- 8 (4 ounce) baby bottles and caps
- 8 nipples
- Bottle and nipple brush for cleaning
- 1 quart measuring cup
- Wait until you see what type of formula your baby likes in the hospital before stocking up. Initially, you should plan on around 70 ounces of formula.

There is not a health related organization in existence that recommends bottle-feeding over breast-feeding. Some very limited special circumstances such as with HIV infection, or certain breast cancers are exceptions. The reason for this is that breast-feeding gives both mother and baby a whole range of physical, emotional, financial and health benefits not found with bottle-feeding. Multiple studies have shown that any amount of breast-feeding is beneficial. The DoD/VA strongly supports any effort to promote breast-feeding and have many resources available to help you succeed in your attempt.

Preparation:

Preparation for breast-feeding begins early in the pregnancy with learning as much as you can about breast-feeding. Studies show that most women have decided how to feed their infant by the second prenatal visit. Classes and involvement with local breast-feeding organizations are strongly encouraged. The La Leche League is a world wide non-profit organization devoted to support breast-feeding. They hold local meetings in almost every corner of the world. These meetings are designed to teach you successful breast-feeding techniques and help you meet other women interested in breast-feeding. Ask your clinic personnel for other local resources such as additional classes and lactation consultants.

Very rarely does preparation involve anything more than learning. If you have concerns that your nipples are flat or inverted, discuss this with your health care provider or certified lactation consultant to see any special preparation is needed prior to delivery. Techniques such as roughing up the nipples, special creams and ointments and the like are not recommended. If you have very dry skin, a lubricant, such as Lansinoh®, applied to your nipples and breasts and avoidance of soap may be helpful. Read labels on all lubricants to make sure they don't contain alcohol, perfumes and other irritants. Wearing a good supportive bra is also helpful.

Benefits to Mom:

- A hormone called oxytocin is released when your baby nurses, which prevents postpartum hemorrhage and promotes uterine involution (the return to a non-pregnant state). Mothers who breast-feed continue to receive oxytocin whenever they nurse. This oxytocin is naturally produced and released by their own bodies in response to nursing. Mothers who bottle-feed, only receive oxytocin immediately after the placenta is delivered, usually through an injection or in their IV.
- Delay of menstrual periods often occurs with breast-feeding. This delay may last up to several months and has the important benefit of conserving iron and providing some natural spacing of pregnancies. When used along with other birth control methods, such as condoms it is very effective in preventing pregnancies.
- Breast-feeding mothers have an edge on losing weight gained during pregnancy. Studies show that non-breast-feeding mothers lose less weight and don't keep it off as well as breast-feeding mothers. Breast-feeding uses 200 to 500 calories per day. To use up this many calories, a mother who bottle-feeds would have to bicycle uphill for an hour or swim at least 30 laps in a pool every day.
- Women with Type I diabetes prior to their pregnancies tend to need less insulin while they breast-feed due to their reduced sugar levels.
- Mothers who breast-feed tend to have an increase in HDL cholesterol (good type) which makes them less at risk for heart attacks.
- Recent studies have shown that women who did not breast-feed have a higher risk of hip fractures after menopause.
- Ovarian and uterine cancers have been found to be less common in women who breast-feed.
- Breast-feeding from six to 24 months may reduce the risk of breast cancer significantly. Some studies show as much as a 25% decreased risk.

- Baby's suckling releases prolactin, the milk-making hormone, which appears to produce a special calmness in mothers.
- Breast-feeding offers protection against urinary tract infections.
- Breast-feeding helps you relax and enjoy special time with your baby while you provide something that no one else can.
- Breast-feeding saves between \$1,200 and \$2,100 (civilian prices) a year in formula and supplies.
- No bottles, formulas, nipples needed.
- Breast-feeding is less work, your milk is always available, at the right temperature and ready to use.
- Night feedings can be accomplished easily without the need to get out bed to get the bottle of formula.

Benefits to Baby:

- Reduced rates of:
 - Cow's milk allergies
 - Asthma
 - Diabetes
 - High cholesterol
 - Obesity
 - Braces
 - Ear infections
 - Allergies
 - Infections
 - Constipation
 - Vomiting
 - Diarrhea
 - Deaths from respiratory infections
 - Sudden infant death syndrome (SIDS)
 - Cancer (leukemia and lymphoma)
- Contains all the nutrients baby needs, regardless of whether your baby was premature or full term.
- Baby receives live antibodies through breast milk to help fight illnesses.
- Always the right temperature for baby
- Baby gains additional benefits from skin to skin contact with you.
- Promotes proper jaw and facial structure development.
- Aids in development of baby's brain and nervous system.

Myths:

There are many myths or 'old wives tales' and breast-feeding has more than it's share of them. Listed below are just a few of the more common tales that you may have heard and the truth behind these tales.

Breast-feeding Myths and Truths

Myth	Truth
<i>You need large enough breasts to make enough milk.</i>	Breast size is due to the number of fat cells and not the number of milk producing glands in the breast. Size makes no difference in milk production.
<i>Breasts become saggy or smaller after breast-feeding.</i>	This is genetic. If your mother's breasts were smaller after breast-feeding, your breasts will probably be smaller also. Breasts are supported by ligaments. Exercise and well-fitting bras can be helpful in preventing sagging. Nipples will return to their usual shape as they are primarily muscle.
<i>You can't work and breast-feed.</i>	Many women find breast-feeding easier than bottle feeding while working. Breast milk can be expressed or pumped and stored for feeding the baby while you are work.
<i>You can't smoke and breast-feed.</i>	It is always best not to smoke whether breast or bottle-feeding. If you do smoke, try to cut down as much as possible and never smoke in the house or anywhere around where baby breathes. Studies have shown second-hand smoke increases the incidence of pneumonia, bronchitis and SIDS in your baby. Substances found in cigarettes can decrease your milk supply and can rarely cause problems such as nausea, diarrhea and vomiting in baby. Breast milk does offer protection to baby against respiratory infections and other problems. It is still better to breast-feed then bottle feed, even if you're a smoker.
<i>You have to be on a strict diet.</i>	There is no special diet for mothers who breast-feed. Just as "You are what you eat" your breast milk makeup is affected by what you eat. The better you eat, the better you feel and more able to keep up with the demands of the infant.
<i>You can't use birth control and breast-feed.</i>	There are many types of birth control that are safe for breast-feeding women. Recommendation is to avoid estrogen- based birth control.
<i>You can't become pregnant while breast-feeding.</i>	While breast-feeding does delay fertility for up to 6 months, for it to be effective you must follow guidelines of Lactation Amenorrhea (LAM): 8-12 feedings/ pumpings per day at breast. LAM is much more effective when used with another method such as condom.
<i>You will be tied down to your baby.</i>	If anything, you are making a more confident, independent child. Pumping your breasts is a very good way to plan a few hours away from your child or return to work.

Table continued on next page.

Breast-feeding Myths and Truths (cont.)

Myth	Truth
<i>You must drink milk to make milk.</i>	Milk intake is not absolutely necessary for you to make milk but is certainly helpful in ensuring that you are getting in enough calcium. Calcium will be taken from your own bones and teeth if not supplied by the diet in order to make breast milk. You can use supplements if necessary to reach the recommended levels of calcium (1200-1500mg. daily) or obtain your calcium through dairy products, collards, canned salmon, calcium enriched tofu and juices . The good news is that studies have shown that any bone loss due to breast-feeding is usually replaced within about 6 months after stopping breast-feeding.
<i>It is important that other family members get to feed the baby so they can bond, too.</i>	Bonding can occur in a variety of ways such as: cuddling, playing, holding, talking or reading to and rocking the baby.
<i>Some babies are allergic to the breast milk.</i>	Babies are not allergic to breast milk. It is possible , however, for the baby to react to certain foods mother eats. Eliminating those foods will usually take care of the problem. More often it isn't that baby is having a true allergic reaction, but instead the food just doesn't agree with baby and makes the baby colicky. Some food irritants include caffeine food supplements (found in coffee, teas and sodas), dairy products and artificial sweeteners .

Diet:

A women's body is made to sustain life: hers and her infant. Just as when you were pregnant, a healthy diet remains important for both you and your breast-fed baby. Think of all the times women from around the world have faced severe food shortages and were still able to breast-feed their infants. This is nature's way to ensure continuation of the species, even under the most adverse conditions. If you stick with the basic principle of eating a well-balanced and varied diet as close to its natural state as possible, both of you will thrive. So, while diet is important, you don't have to rigidly adhere to any strict dietary regime in order to breast-feed. Merely eat as healthy as you can for both your sakes.

To continue taking care of yourself, and produce your infant's milk supply you should include:

- An extra 500 calories a day over your pre-pregnancy requirement
- Foods or supplements that support a calcium intake of 1200 to 1500 mg. a day.
- Two to three servings of protein a day
- At least 8 glasses of non-caffeinated fluids a day and more in hot weather.

There are no foods that must be avoided. If your baby appears 'allergic', it is not your milk he or she is allergic to but to something in your diet that has passed into the breast milk. The most common food allergy is to cow's milk, so you may want to eliminate dairy products and see how baby reacts. Usually after the mom abstains from dairy products for 18 hours, the infant should have fewer symptoms. Smoking and caffeine should be minimized as they can also contribute to having problems. Remember, as an infant gets a little older (about 6 to 8 weeks), he or she will start having periods of being fussy about the same time each day. This is a normal developmental event and he or she will out grow it. True colic does not usually occur until 3 to 4 months of age.

Supplies:

- Several good nursing bras:

These are not absolutely necessary but they do make breast-feeding a lot more convenient, especially when you are away from home. It is recommended that you buy your nursing bras in the last month or two of your pregnancy when your breasts have already increased in size. When purchasing your bras make sure you buy them with extra room in the cup. The bra should fit comfortably around your ribs when fastened at a loose setting. A too tight bra is very uncomfortable and can lead to plugged ducts and breast infections. Also when trying on nursing bras, make sure you can open the nursing flap with one hand (so as not to have to put baby down each time you feed). Initially, we suggest purchasing only two to three bras to see if you like them and buy more as needed.

- Nursing tops that allow for discrete feedings.

Again, these are not absolutely necessary, but can help you feed more comfortably. You can buy special tops and dresses that have discrete openings for nursing, but normal button front tops and two-piece skirt sets also work well.

Hand expression (nothing to buy):

Hand or manual expression of breast milk is a good skill to learn even if you intend to purchase a pump. It is definitely the most portable of all methods and costs nothing. You may find it helpful for someone to demonstrate this technique for you. Ask your lactation consultant, health care provider or your local La Leche League for guidance.

Pumps:

Before purchasing a pump you must first decide when and where you will be using it. Do you need to transport the pump every day? Do you have a place to plug it in? What can you spend for a pump? Maybe renting is the better option since pumps can cost anywhere from \$30 for the small hand powered pumps to double pumping electrical systems at around \$275. Again, La Leche League or your local lactation consultant can help you find out what is available, what may be best for your situation and how to obtain one.

Getting Started:

Breast-feeding, like almost every other aspect of life becomes easier and more enjoyable with practice. Even though it is a 'natural' event for both you and your baby, you need to get to know each other and each other's ways. This takes time and patience but will most definitely pay off in the long run.

A few basic points to follow when first starting include:

- Breast-feed as soon as possible after delivery. The sooner baby nurses, the sooner the learning begins and the sooner your milk will come in. The recommendation is to try to nurse within the first hour of birth.
- Get in a comfortable position. Sitting up for the first few feedings is usually easiest. Use lots of pillows! Place them behind your back, under your elbows, and on your lap to support baby.
- Make sure the baby's face is facing your breast and aligned with the rest of his or her body (tummy to tummy nipple to nose). Hold baby at the level of your nipple.
- Support your breast with your free hand with your thumb on top and other fingers below, well away from your areola (colored area around nipple).
- Offer baby your breast and encourage proper latching on. Use your nipple to gently tickle baby's nose to encourage him or her to open their mouth wide.
- Make certain infant's mouth is opened wide and tongue down when you bring your baby to your breast. Avoid leaning forward to get closer to your baby as this will be uncomfortable for you.
- Check baby's suck by making sure baby's mouth covers most if not all of your areola, his mouth is centered and both his nose and chin are touching your breast. A proper suck should not cause pain.
- Always break the suction prior to taking baby off your breast by inserting a finger into the side of baby's mouth and gently pulling.
- To decrease nipple tenderness and increase comfort, use a variety of feeding positions and offer frequent feedings.

Frequently asked questions:

- One of the most frequently asked questions is “How do I know if my baby is getting enough?”

Your baby is getting enough milk if he or she nurses at least 8-12 times a day; is content between feedings ; gains weight appropriately and has 6-8 wet and/or dirty diapers a day. In order to make sure baby is getting enough breast milk, you will need to nurse your baby very frequently in the first few weeks. This frequent feeding will in turn increase your supply of breast milk to the amount needed by your baby. You will have less engorgement, less nipple soreness and a more satisfied baby. After an initial sleepy period, newborns tend to nurse a lot in the beginning and so frequent nursing is not usually an issue. Babies nurse for milk but also for the comfort of having mom so close. You should be nursing your baby 8-12 times a day or every 1½ to 3 hours with spacing of feedings never greater than six hours apart.

Breast-feeding and working:

Many women work outside the house soon after the baby is born. For these women breast-feeding is not only possible but often is easier than bottle-feeding. The benefits of full or part time breast-feeding for working mothers include is:

- All mothers need quiet time with their babies and breast-feeding helps working mothers to bond and feed at the same time.
- Decreased illnesses in breast-fed requires less time off from work to visit the pediatrician and to care for a sick baby.

After returning to work, most breast-feeding mothers will express or pump breast milk during the workday. This will provide milk for their babies while they are away and:

- Minimize leakage
- Prevent plugged ducts and breast infections
- Maintain the milk supply
- Decrease problems associated with formula feeding
- Prevent discomfort due to breast fullness
- Allow her to continue full time breast-feeding when she is at home.

Expressing breast milk (EBM) and Storage:

You may want to begin expressing milk soon after your breast feeding is well established (2-3 weeks) or wait until just before beginning work. Talk with your breast-feeding support resources to determine the plan that is best for you. With experience, many mothers can express 3-4 ounces of milk in fifteen to twenty minutes, although the amount of milk and length of time required to express vary. Since breast-feeding offers so many benefits, many large corporations have lactation programs. The military often has lactation support available, so ask your health care provider. Federal and state laws support breast-feeding whenever and wherever possible.

Some expressing and storage pointers include:

- Always massage your breast prior to expressing the milk.
- If at all possible, empty your breasts on a routine schedule to help maintain your supply.
- Each time you express breast milk put it into its own clean container.
- You can add EBM to already frozen milk if done on the same day.
- Recent research has shown that breast milk can safely remain at room temperature (77 degrees F.) for 4 hours or at cooler temperatures for up to 8 hours.
- Fresh EBM can be stored in the refrigerator for 72 hours at 39 degrees Fahrenheit.
- Where refrigeration is not available mothers can safely store EBM in a cooler with ice packs (a cool box at 59 degrees F.) for up to 24 hours.
- EBM may be frozen safely. Lengths of storage time depend on the type and temperature of the freezer:
 - Two weeks in a freezer compartment inside the refrigerator (such as dorm refrigerators).

- Three to six months for refrigerator freezers with a separate external door.
- Six to 12 months in separate manual-defrost deep freezer, which is opened infrequently and maintains ideal temperatures (-4 degrees F.)
- Self-defrosting freezers have warming cycles, so EBM can be stored no longer than six months.
- EBM should be placed at the back of the freezer away from the door.
- To thaw the EBM, run containers under warm water. Avoid microwaving, putting milk directly on the stove or sitting out in light for an extended period of time, as valuable nutrients are lost. Overnight thawing can be accomplished by placing in a container in the refrigerator for several hours.
- Previously frozen and thawed milk should be kept in the refrigerator no longer than 24 hours.
- Don't refreeze thawed breast milk.
- Date and time each container of EBM when you store it and use the oldest dated milk first.

Breast-feeding after Cesarean Section:

There is no reason not to breast-feed after a Cesarean Section. You may get off to a slower start due to the increased recovery period, increased discomfort and increased sleepiness of your baby from the anesthetic used, but you both can catch up quickly. Some helpful hints include:

- Protect your incision with a pillow when positioning baby to feed.
- Nurse baby as soon as possible after delivery.
- Take pain medications as needed; they won't hurt your baby and will allow you to breast-feed better.
- Get help, especially if baby is not latching on or nursing well.

Breast-feeding Challenges:

Sore Nipples

Studies have shown that the majority of breast-feeding women experience some nipple soreness. In about a quarter of these moms, the soreness progresses to cracking and extreme nipple pain. The most frequent causes of sore nipples are incorrect positioning at the breast and improper suction.

The first two to four days after delivery, your nipples may feel tender at the beginning of a feeding as your baby's early sucking stretches your nipple and areolar tissue. If a baby is positioned well at the breast, this temporary tenderness usually diminishes once the milk lets down and then completely disappears within a day or two.

Some common treatments for sore nipples include:

- Immerse your breast in a dependent position (leaning down) into a basin with comfortably hot water for at least ten minutes. This is very effective moisture for healing as well as relieving an engorged breast.
- Always massage your breast to encourage breast milk flowing and emptying your breast.
- Short frequent feedings are far more beneficial than long extended periods of feeding and reduces the likelihood of the infant being too vigorous at the breast and too irritable.
- Bathing a crack in the nipple in freshly expressed breast milk. This is both soothing and naturally healing.
- If you desire to use a "nipple cream," use anhydrous lanolin. This is the only cream/ ointment recommended for use on nipples.
- Learn proper positioning of your baby at your breast. Your baby should be nose to nipple, and tummy to tummy with you. The baby's chin should be just below the nipple, and the baby needs to open wide to take in a good mouthful. Never let someone shove the infant's head onto nipple until baby demonstrates signs of being ready.

- Talk to your health care provider, your certified lactation consultant or your nearest La Leche League if the above remedies don't help
- Avoid:
 - Placing wet tea bags on your nipples. Tannic acid in the tea can act as an astringent causing drying and racking, rather than healing.
- Using a hair dryer or sun lamp to dry the skin. Research has shown that healing is increased when the moisture already present in the nipple and areolar tissue is preserved.
- Using soaps for washing; warm water rinses are fine.
- Most commercial preparations sold for the treatment of sore nipples. They are not useful and some may even cause harm.
- Home remedies like cooking oils or honey.

Tingling Sensations:

After baby has nursed for a few minutes many (but not all) women feel a tingling sensation followed by a strong surge of milk. This is known as the "let down" response and is natural and expected. This can happen with nursing, with just seeing a baby, hearing a baby cry or even thinking about your baby. Often this let down is accompanied by leakage of milk from both breasts. To stop the milk from leaking, gently press on your nipples with a clean cloth or with your forearm. Some women wear nursing pads (without plastic liners) to help prevent leaking.

Engorgement:

You will most likely feel your breast milk come in (usually around two to six days after delivery). This is especially true if it is your first time breast-feeding. For first time moms who breast-feed, within a relatively short time period (sometimes only a few hours) your breasts become swollen, and may become painful and difficult for baby to latch on to. There are signs that your breasts are making the final changes necessary to make milk for your baby. This lasts only a few days at most. It is caused by blood engorgement (swelling) that comes with filling of the breast and usually goes completely away by day ten. If this is not your first baby, you probably will not experience engorgement, even though you are producing more milk now than you were at this time with your last baby. This is often perceived as decreased milk supply, but is not the case. It is just decreased discomfort so enjoy!

To help overcome engorgement try:

- Gentle breast massages: stroking the breast from the outer edges to the nipple area, especially when in a warm shower or in dependent position.
- Try warm packs followed by expressing some milk before feedings.
- If baby is having difficulty latching on, try ice only to the nipple and only for a very short period of time along with expressing milk before feeding.
- Try short frequent feedings and try not to skip any feedings.
- Start your feedings on the least sore side.
- You may use over the counter pain relief medications such as Motrin® or Tylenol®, if needed. Consult with your health care provider for the best medication for you.

Plugged ducts:

Occasionally the ducts that store milk inside your breasts can become blocked and inflamed causing a very tender spot, redness or sore lump in the breast. There are many causes including: improper positioning of the baby at your breast, too long between feedings, supplementary bottles, overuse of pacifiers, dried milk secretions covering one of the nipple openings, or wearing tight nursing bras or other restrictive clothing.

To remedy this:

- Loosen all constrictive clothing, especially your bra. Avoid under-wire bras.
- Rest often, preferably with baby in bed with you.
- Always massage your breasts to help release milk from ducts prior to putting your infant to breast.
- Nurse your baby on the affected side frequently.
- Change nursing positions often to put pressure on different ducts.
- Clean nipples to ensure no milk is blocking the ducts.
- Make sure the sore breast gets emptied of milk either through baby or expression by hand or pump.
- Soaking the sore breast in a basin of warm water may help.
- DO NOT STOP OR SLOW DOWN ON FEEDINGS as this can add to the problem.

Since plugged ducts can lead to infection, it is important to remedy the situation as quickly as possible.

Breast Infection:

If you notice the signs of a plugged duct becoming more severe and combined with fever or flu-like symptoms, you could have a breast infection called mastitis. This infection usually occurs between the 10th to 28th day after delivery and is more common in first time moms or in women who have had mastitis before. You need to treat a breast infection *immediately*. Continue breast-feeding! Start with applying heat to the affected area, breast massage to help empty your breast and try to get plenty of rest. If these steps don't resolve the symptoms within 24 hours call your health care provider without delay. You will most likely be treated with antibiotics and mild pain relievers. While taking the medications you will also need plenty of rest, increased fluid intake, moist heat applications to your breasts and frequent nursing beginning with the infected breast. Delaying treatment could result in developing a breast abscess. Although rare, the breast abscess could require surgical drainage under anesthesia and discontinuance of breast-feeding on the affected side. Let your health care provider or certified lactation consultant know if you have had a previous history of mastitis.

- Vary nursing positions to avoid pressure on the same ducts.
- Clean nipples to ensure no milk is blocking the ducts.
- DO NOT stop or slow down on feedings.

N. B. - Listing of medications/drugs does not represent endorsement by VA/DoD

Safety Tips for Baby

- Sleeping tips:
 - Always place baby on his or her back to sleep.
 - Never give a baby a bottle in the bed.
 - Bedding should be firm and snugly fit the crib.
 - Crib slats should be no farther apart than 2 3/8 inches (6 cm).
 - Keep crib away from drapery and blind cords, heaters, wall decorations and other potential hazards.
 - Never use a pillow in the crib.
 - Keep mobiles and other crib toys out of baby's reach.
- Warm temperatures (not hot) for baby.
- Never prop a bottle or leave baby alone with a bottle.
- Don't put your baby in an infant seat on the counter or table.
- Never leave a baby unattended in any water. One inch of water is enough for a baby to drown in.
- Keep baby's air smoke-free .
- Never microwave a baby's bottle.
- Shake or stir all bottles and food before giving to baby.
- Never hang anything on baby's stroller-it can cause it to tip over.
- Breast-feed if at all possible.
- Never leave baby alone on any surface above the floor, not even for a few seconds.
- Infant walkers are NOT recommended due to safety problems.
- All rattles and teethingers need to be one piece and larger than 1 5/8 inches.
- Never attach a pacifier around baby's neck.
- Make sure all smoke detectors are in working order.
- Keep water heater on 120 degrees F. or "low" setting.
- Don't carry hot liquids or cook when carrying your baby.

Analgesia

Medication used to reduce your ability to feel pain.

Anemia

Condition in which your blood has decreased oxygen carrying ability as a result of low number of cells (hemotocrit) or a decrease in hemoglobin. Adequate intake of iron in the diet can help prevent iron deficiency anemia.

Anesthesia

Medication that causes a loss of feeling or sensation.

Amniocentesis

With the help of an ultrasound, a needle is inserted through your abdomen into your uterus and a small sample of amniotic fluid from the amniotic sac is taken to test for several genetic problems, as well as, for your baby's lung maturity. This test is usually performed between 16 and 20 weeks on women with risks for genetic problems.

Amniotic Sac

Fluid filled, thin-walled sac in which the fetus develops that is often called the "bag of waters". This sac protects the baby from injury and regulates its temperature.

Antepartum

The period of time from conception to labor.

Antibody

Substance in blood that is produced in response to foreign protein to develop immunity.

Antigen

Substance that can induce an immune response and cause the production of an antibody.

Anus

Opening of the rectum located behind the vagina.

Asymptomatic Bacteriuria (ASB)

Bacteria in urine that does not cause any signs or symptoms of an infection. Occurs in 2-7% of pregnant women and can lead to complications in pregnancy such as pre-term delivery and low birth weight babies. You are checked for this by a urine test at your first visit.

Bloody Show

Bloody discharge of mucus, which forms in the cervix and is expelled right before or at the beginning of labor

Braxton Hicks contractions (false labor)

Irregular tightening of the uterus you may feel as your body prepares for delivery; may be felt weeks before labor.

Cervix

The neck or opening of the uterus through which the baby passes during the birth process. The cervix projects into the vagina and is made up of mainly fibrous tissue and muscle. Labor contractions result in effacement (thinning or shortening) and dilatation (opening) of the cervix.

Chlamydia

Sexually transmitted disease that can cause pelvic inflammatory disease, infertility, and problems during pregnancy. This is tested for at your 10-12 week appointment through a speculum (pelvic) exam and can be cured with antibiotics.

Chorionic Villus Sampling (CVS)

This procedure tests for the same genetic problems as an amniocentesis but it is performed earlier in your pregnancy (usually between your 10th and 13th week). With the help of an ultrasound to see inside your uterus, a needle is inserted through your abdomen and into your uterus to take a small sample of cells from the amniotic lining for testing. There are some risks involved with this procedure such as miscarriages (more than with an amniocentesis) and possible limb defects (especially when done before 10 weeks pregnant).

Contraction

The shortening and tightening of the uterus, which results in the dilation (opening) and effacement (thinning or shortening) of the cervix.

Crowning

The bulging out of the perineum as the baby's head or presenting part presses against it at time of delivery.

Cystic Fibrosis

A genetic disease that is inherited from both parents and causes life-long illness affecting breathing and digestion. A blood test can tell if you or the baby's father carries this trait. If both of you carry the Cystic Fibrosis trait, your baby has a 25% chance of acquiring the disease. Usually the woman is tested first; then, if positive, the father of the baby will be tested. You should sign a consent form to have this test performed.

Doppler

Device that looks like a stethoscope that allows your baby's heartbeat to be heard through ear pieces or speaker.

Down's Syndrome

Genetic disorder caused by the presence of an extra chromosome and characterized by mental retardation, abnormal features of the face, and medical problems such as heart defects. Chances of your baby carrying this disorder increase with increasing age of the mom. This can be tested for between 15 and 20 weeks of your pregnancy with the Triple screen (Maternal Serum Analyte) test.

Embryo

The developing organism from about two weeks after fertilization to the end of the seventh or eighth week.

Epidural

Type of regional anesthesia in which medication is inserted into the spinal space through a small plastic tube.

Estriol

Hormone made by the placenta and the fetal liver. The estriol level is measured as part of the Triple Screen (Maternal Serum Analyte) test.

Fetal Distress

A condition in which the baby is deprived of oxygen that can be seen by changes in the pattern of the baby's heartbeat.

Fetus

A developing baby in the uterus after the seventh to ninth week of gestation until birth.

Forceps

An instrument placed on both sides of the baby's head, while in the birth canal, to gently pull the baby out if needed.

Fundal Height

Measurement from the pubic bone to the top of the uterus or fundus. Routinely used to measure the growth of the baby in the uterus.

Gestation

Development of the new baby within the uterus from conception to birth.

Gonorrhea (GC, the clap)

Sexually transmitted disease that may lead to pelvic inflammatory disease, infertility, and arthritis. It is tested at your 10 to 12 week visit by taking a sample of your vaginal secretions. It can be treated with antibiotics.

Group B Streptococcus (GBS)

A bacteria commonly found in the vagina and the rectum. GBS grows in the vagina or rectum in about 10-40% of women and rarely causes symptoms. In pregnancy, it can increase your chances of premature delivery, premature rupture of membranes, infection of your amniotic fluid and serious infection in your baby. A different type of streptococcus bacteria causes the condition known as 'Strep throat. To find out if you have any GBS, vaginal and rectal secretions are collected between the 35th and 37th week of your pregnancy. If you are found to have GBS, antibiotics during your labor are given to protect your baby from these bacteria.

Hematocrit

Blood test that measures the number of cells in your blood. This test shows whether you are anemic (low in iron).

Hemoglobin

Blood test that measures your oxygen carrying ability of your blood and gives information on whether you are anemic (low iron)

Hepatitis B Virus

Attacks and damages the liver, causing inflammation, cirrhosis, and chronic hepatitis that can lead to cancer. This is tested for at your first prenatal visit. It can be transmitted to your baby and infect the baby. If you think you have been exposed to this you will be tested, and given a vaccine. If you have the disease, you will receive treatment that greatly reduces your baby's risk of getting the disease.

Human Immunodeficiency Virus (HIV)

Attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS). There is a blood test which can be drawn at your first prenatal visit to determine if you have the disease. If you test positive, you can receive treatment that can greatly reduce the baby's risk of getting the disease.

Human Papilloma Virus (HPV)

Sexually transmitted disease characterized by soft wart like growths on the genitalia. Commonly referred to as genital warts. Pregnancy can cause warts to increase in size or appear for the first time. Usually no treatment is needed and they go away on their own after the delivery. If the warts grow very large and obstruct the birth canal, treatment and or Cesarean Section may be needed. HPV infection can also be without symptoms and only show up years later as a result of a pap test. Certain strains of HPV have been linked to increased cervical cancer.

Induction of Labor

Artificially cause labor to start by rupturing the bag of waters or giving medications such as pitocin or prostaglandin.

Iso-immunization

Occurs when an Rh (D-)Negative mom develops antibodies to her baby's Rh (D)Positive blood. RhoGAM injection prevents this from occurring to protect the baby.

Labor

The series of uterine contractions that dilate (open) the cervix for birth.

Libido

Sexual desire.

Maternal Serum Screening Test (Triple screen)

Group of blood tests that check for substances linked with certain birth effects such as Down's syndrome, neural tube defects, Trisomy 18 and other related birth defects.

Maturation

Achievement of full development or growth.

Meconium

Baby's first bowel movement, usually passed after birth. When it is passed before birth, it stains the amniotic fluid and is possibly a sign of distress. When this occurs, it is referred to as meconium staining.

Neonatology

Branch of medicine that specializes in the high-risk newborn.

Neural Tube Defects (NTDs)

Birth defects that result from improper development of the brain, spinal cord, or their coverings. This can be tested for at around 16 weeks in your pregnancy with a Triple Screen (Maternal Serum Analyte) blood test.

Pap Test

Cells are taken from the cervix and vagina and examined to check for abnormalities that may lead to cervical cancer.

Perinatologist

Obstetrician who specializes in high-risk pregnancies.

Perineum

The surface area between the vagina and anus in females; between the scrotum and anus in males.

Placenta (afterbirth)

An organ of pregnancy attached to the wall of the uterus where oxygen, nutrients, and waste exchange takes place between the mother and fetus. It delivers within 30 minutes of the baby's birth.

Postpartum

The 6-week period following childbirth

RhoGAM

A medication given through an injection (shot) at 28 weeks to Rh (D-) negative women to prevent iso-immunization. If baby is Rh (D) positive, the new mother will receive another injection after delivery.

Rubella Test

Blood test taken at your first visit to see if you are protected against Rubella (German measles). If you are not protected against this disease, your health care provider will discuss your need to avoid anyone who might have the disease

Sexually Transmitted Diseases (STD)

An infection spread by sexual contact: Gonorrhea, Syphilis, Chlamydia, HIV, HPV, Hepatitis B and Trichomonas.

Syphilis

Sexually transmitted disease that is caused by an organism called Treponema Palladium; it may cause major health problems or death in its later stages. The blood test is taken at your first prenatal visit.

Toxemia

A condition also known as Pre-Eclampsia or Pregnancy Induced Hypertension (PIH). You will be monitored for this condition throughout your pregnancy with blood pressure checks at each visit and lab work if needed.

Triple Screen

Blood test is also called Maternal Serum Analyte Test. The test is done during the 15th to 20th weeks of your pregnancy. It can help determine your baby's risk of developing certain types of birth defects such as Down's syndrome, neural-tube defects, severe kidney and liver disease. If you get an abnormal test result, this result will be further checked with an ultrasound and possibly an amniocentesis. This test has many false positives.

Ultrasound

Through the use of sound waves, this machine gives a live black and white picture of your baby. Routinely performed in the Military Treatment Facilities at 16-20 weeks to screen for problems and determine your due date.

Umbilical Cord

A fetal structure that connects the fetus to the placenta; contains two arteries and one vein to provide blood flow between the fetus and placenta.

Uterus (womb)

The hollow muscular organ in which a unborn baby develops and grows, The muscles of the uterus contract during labor and help push the baby out through the vagina.

Vagina

Lower part of the birth canal behind the bladder and in front of the rectum.

Vacuum Extraction

Suctions baby out of the birth canal by applying a metal or plastic cup to baby's head and applying suction from a wall or portable suction machine.

VDRL

Blood test taken at your first visit that screens for Syphilis, a sexually transmitted disease. If your test is positive, you will be offered treatment and the risks to your baby will be discussed.

Types of Providers

Ancillary Staff

Staff members who work in the clinics to assist you. They may be clerical support, registered nurses, licensed vocational nurses, medical assistants, and corpsmen. They work to assist with your needs as qualifications allow.

Anesthesiologist

A physician specialized in pain relief.

Certified Nurse Midwife (CNM)

A registered nurse with a Master's degree and certification by the American College of Nurse Midwives. Nurse midwifery practice is the independent management of women's health care that focuses on pregnancy, childbirth, the postpartum period, newborn care, family planning, and the gynecological needs of women with an emphasis on education and health promotion.

Family Nurse Practitioner (FNP)

A registered nurse with advanced degrees specializing in the treatment and care for patients of all ages. FNP's can provide prenatal care and coordinate care with a physician for delivery of the baby.

Family Practice (FP) Physician

A physician specially trained to provide medical care to patients of all ages, diagnose and treat all illnesses. They provide prenatal care and delivery services.

OB/GYN Physician

A physician specialized in the area of Obstetrics and Gynecology. He or she can provide routine or complicated care and can provide surgical services as needed.

Neonatologist

A pediatrician specialized in the care of newborns.

Nurse Anesthetist

A nurse specialized in pain relief.

Pediatrician

A physician specialized in the care of infants and children.

Resident

A physician who has graduated from medical school and is in training at a teaching hospital.

Women's Health Nurse Practitioner

A registered nurse with an advanced degree specializing in the care of women throughout their lifespan, including prenatal, contraception, and menopause. They can provide routine prenatal care and postpartum care, with an emphasis on education and health promotion.